
CARE Sierra Leone

Child Survival Project:

"For Di Pikin Dem Wel Bodi (For The Health of the Child)"



**Report of Assessment of Quality of Care in Health Facilities (COPE),
May 2005**

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Project Location: Koinadugu District, Sierra Leone

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ACRONYMS

ANC	Ante Natal Care (Prenatal Care)
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BCG	Tuberculosis vaccine (Bacillus Calmette-Guérin)
CARE	Cooperative Assistance and Relief Everywhere – International NGO
CCF	Christian Children's Fund (NGO)
CDC	Community Development Committee – officially called VDC's
CES	Christian Extension Services (NGO)
CHC	Community Health Club (Community-based groups initiated by CARE CS project)
CHP	Community Health Post
CPA	Complementary Package of Activities (Activities at the Dist. Level Health Centers)
CRS	Catholic Relief Services (NGO)
CWC	Chieftdom Welfare Committee
DIP	Detailed Implementation Plan
DPT	Diphtheria, Tetanus, Pertusis, vaccine (also known as DTC)
DHC	District Health Center
DHMT	District Health Management Team
DHOO	District Health Operations Officer
DHS	District Health Sister
DMO	District Medical Officer
DSMC	District Social Mobilization Committee
EPI	Expanded Program on Immunization
FSU	Family Support Unit
HIS	Health Information System
IEC	Information, Education, Communication
ITN	Insecticide Treated Net
MCH	Maternal and Child Health (also known as PMI)
MCHA	Maternal Child Health Aide (Primary staff of Community Health Posts)
MOHS	Ministry of Health & Sanitation
MSF	Medecins Sans Frontieres (Doctors Without Borders)
NaCSA	National Commission for Social Action
NAS	National AIDS Secretariat
NIDs	National Immunization Days
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PHU	Peripheral Health Unit – any health facility outside of the District Hospital
SMO	Social Mobilization Officer
TB	Tuberculosis
TBA	Traditional Birth Attendant
PRA	Participative Rural Appraisal
PVO	Private Voluntary Organization
TTBA	Trained Traditional Birth Attendant
VDC	Village Development Committee
VHW	Village Health Worker

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1. Executive Summary

Sierra Leone is a West African nation of 4.9 million people emerging from a decade of civil war which resulted in tens of thousands of deaths and the displacement of more than 2 million people (one-third of the population). With the support of a large UN peacekeeping force, national elections were held in May 2002 and the government continues to slowly reestablish its authority. However, the gradual withdrawal of most UN (UNAMSIL) peacekeepers scheduled for late 2005 plus deteriorating political and economic conditions in Guinea and the tenuous security situation in neighboring Liberia may present challenges to the continuation of Sierra Leone's stability.

Sierra Leone also faces the challenge of reconstruction. The problems of poverty, ethnic rivalry and official corruption that contributed to the war are far from over. Though rich in diamonds and other natural resources, Sierra Leone struggles with a per capita income of US\$150/year, the highest Under 5 Mortality Rate in the world (250/1000; 1 in 4), and a life expectancy of 34 (33-men & 35-women) [WHO 2005].

CARE-Sierra Leone is in its second year of a Child Survival program, centered in five Chiefdoms of Koinadugu District in north-eastern Sierra Leone (Fig. 1.2.2). Due to mountainous terrain and poor roads, the district's population is the most dispersed (Fig. 1.2.4) and least accessible in the nation. Koinadugu district does not share in the mineral or agricultural resources found in other parts of the country and with five distinct languages spoken in the district (Fig. 1.2.3) and high illiteracy rates, it faces some of the steepest barriers to development.

CARE's integrated Child Survival project is focused on capacity building for health care staff at both the District Health Center and Hospital, and the staff of 21 Peripheral Health Units. CARE has also emphasized developing supportive community-based organizations. Since the project started, they have formed and trained 56 Community Health Clubs composed of 1882 village health volunteers who are active in their communities. Having completed a 30-Cluster KPC survey for project baseline and a recent LQAS survey of mothers with children under age two, the project wanted to also find a way to assess the quality of health services, identify ways in which the project can assist in improvements, and establish baseline information for later evaluation of quality and sustainability.

The COPE methodology was developed in 1995 as a handbook to help improve the quality of family planning services. Since then, it has been adapted to assess IMCI child survival programs. CARE elected to use the COPE methodology as it is participatory, broad yet easy-to-use, and contributes to building the capacity of field staff and health

staff partners to include assessment as an on-going monitoring tool for continuous improvement. COPE focuses on practical steps of improvement by developing Action Plans at every step. COPE also highlights Gaps in perception between the community and health providers which can lead to greater “buy in” by the community as they see their suggestions acted on.

In this assessment, 8 of the 10 COPE Self-Assessment Guides for Child Health Services were included. Guide 10, Staff Need for Supplies, Equipment and Infrastructure, was adapted to the Sierra Leone National Primary Health Care Manual checklist of inputs. These self-assessment tools were used by the COPE assessment team to facilitate numerous Guided Discussions, much like focus groups, with groups of health care staff and with community-based groups. Additionally a short interview and checklist were developed and used at all PHUs in the project area. The tool for Client Exit Interviews was also used in this assessment, with 15 clients both at the District Health Center and at 12 Primary Health Units (PHU). As national IMCI protocols have not yet been introduced into practice in rural health facilities in Sierra Leone, the COPE-IMCI Record Review was not utilized in this exercise. Additionally, as the Health Posts that the project works with are struggling with under-utilization, the Patient Flow Analysis tool was also postponed to a future exercise.

The process included one day of planning, two days of training, four days of assessment, one day of participative analysis and a day of feedback and reporting to the District Health Management Team and NGO community. COPE Exercises were conducted and COPE Action Plans developed with Community Health Clubs, PHU clinic staff, District Hospital Staff and DHMT members. These action plans and findings were presented to the DHMT and NGO community and a new District Coordinating Committee was re-initiated which will have, as a monthly agenda item, the follow-up of the various COPE action plans and recommendations.

Key results from **Client Exit Interviews** showed that clients used the services for both curative and preventive care, including vaccinations, growth monitoring and promotion, ante natal and post natal care. Clients generally expressed satisfaction with services and felt they had received what they came for, with only a few waiting an excessive amount of time for treatment. Although health staff have not had recent training in counseling, Client Exit Interviews showed that most clients were given at least some messages during their visit on such topics as immunization, breastfeeding, complementary feeding of children and warning signs for children and pregnant women, malaria. Most clients stated they were clearly instructed how to take medicines prescribed and were given simple care practices for sick children. They were aware of the presence of family planning services at the health facility. They described staff as

polite and appreciated clean bed nets and sheets at the facility. They disliked limited staff, expensive drugs or fees and unclean facilities.

The perception of **Community Health Clubs** expressed in **Guided Discussions** was varied. Several positives were noted, such as encouragement to give birth in health facilities and explanation of sick child care measures -- while multiple problems were identified. Most problems were related to the cost of care, difficulties for transport and referral to the next level of care, and increased need for outreach by health facilities. Community members also expressed a need for HIV testing at local health facilities, which does not yet exist.

Guided Discussions with **Health Unit staff** highlighted a lack of equipment and materials (from soap to beds to laboratory testing), a lack of education materials on certain topics (STI/HIV, family planning), and infrastructure repair needs among other issues. **Guided Discussion** with **district hospital staff** noted a variety of positive factors, such as the availability of hand washing and disposal facilities and focus by staff on maternal care and child health issues. However, weaknesses in almost all systems were also noted, such as a lack of disinfectant, sufficient staff, functioning health information system and other.

Checklists revealed serious under-staffing at the district and Primary Health Unit levels as compared to national guidelines. A lack of some supplies was found, but with inconsistent results per health facility. A surprisingly low stock of essential medicines was found at a few of the PHUs and a plan for further inventory and supply, if necessary, was one of the key elements of the Action Plan from this assessment. Transportation (ambulance, four wheel drive vehicles and motorcycles) is available roughly at the level called for by national norms, including one ambulance, two four-wheel drive vehicles and 8 functioning motorcycles.

The COPE Assessment team had full participation during the process by the District Health Operations Officer and the Social Mobilization Officer from the District Health Management Team. Four other members of the DHMT attended and actively participated in discussions at the presentation of the key findings at the end of the assessment process. While the DHMT had a positive and supportive attitude towards the COPE process throughout, other DHMT staff did move from an initial stance that was somewhat defensive to appreciating how the COPE tools can be helpful in their work by guiding supportive supervision and monitoring inventory.

The formation of a follow-up COPE committee was suggested early on by assessment participants. As momentum grew between the DHMT, the District Council, UNICEF,

and CARE, the group approved re-launching the District Coordinating Committee. However, this time it will be chaired by the DHMT rather than an NGO as was previously the case. COPE follow-up will be a monthly agenda item for this group and, if it goes as planned, will be a very positive contribution towards project sustainability.

The COPE Assessment Team also used this time to look at the first Dimension of Sustainability within the Child Survival Sustainability Assessment tool, as follow on to their initial participation with technical assistance from CSTS in developing indicators for all three Sustainability Dimensions as part of developing the project Detailed Implementation Plan.

The over-arching goal of this assessment was to introduce the COPE methodology for Quality Self-Assessment to CARE Sierra Leone Child Survival Project staff and the District Health Management Team in such a way that they recognized its value and understood it sufficiently well to repeat the process during the life of the project.

The CARE-CS project appears to have a gifted leadership team and competent and passionate field staff. They enjoy a good working relationship with the MOHS DHMT which provided two key members for the full exercise as a part of the COPE team. They seemed to quickly grasp the purposes of the COPE methodology and understand the various parts and their sequence. The COPE team gave lead to the training, adaptation, assessment, analysis and feedback, and now have the capacity to repeat the exercise.

1.1 MAPS

1.1.1 Current National Map

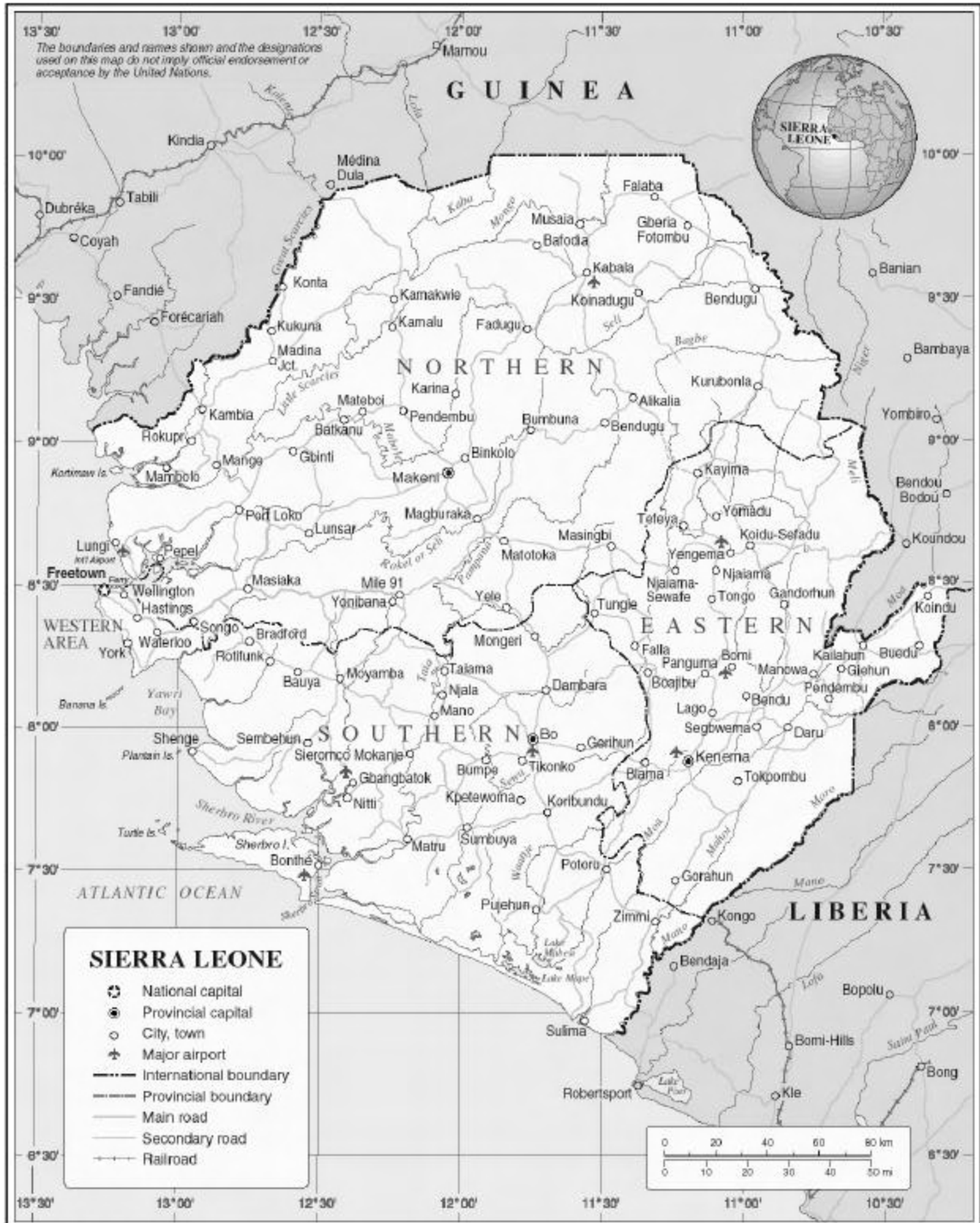


Fig. 1.1.2

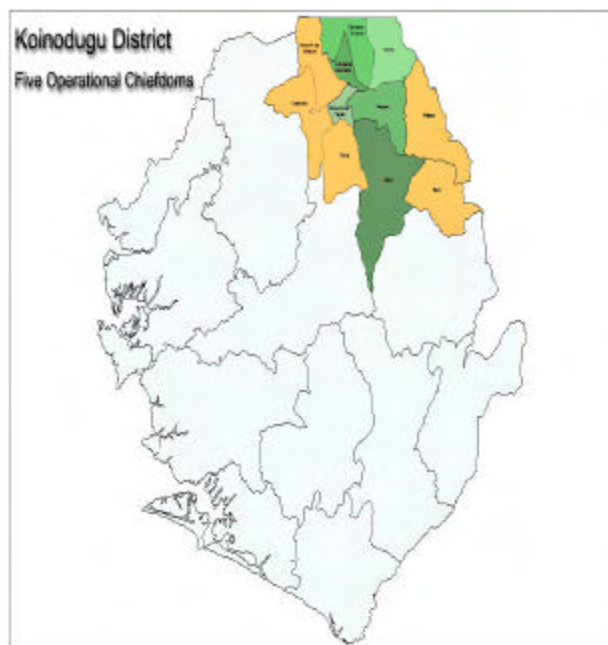


Fig. 1.1.3



Fig. 1.1.4

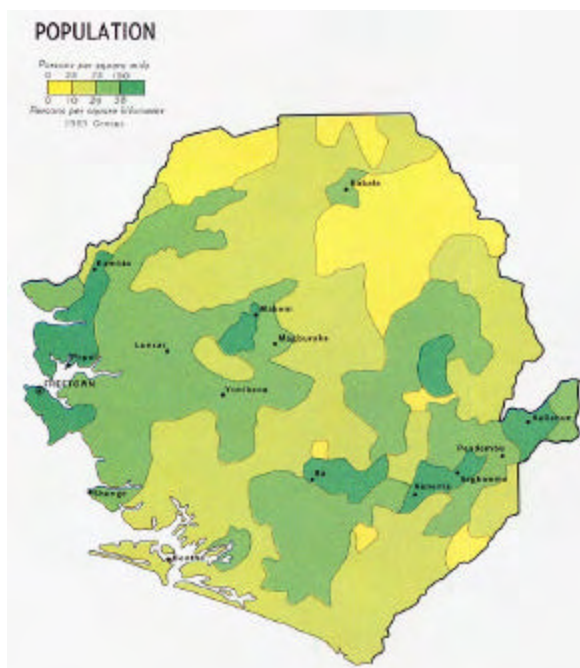


Fig. 1.1.5



Maps courtesy of the University of Texas Libraries, The University of Texas at Austin

2. Methodology

This assessment based on the COPE methodology consisted of six main activities:

- Preparing for assessment
- The COPE Introductory Meetings
- Assessment Days at the District, PHU and Community Levels
- Participatory Analysis of Results
- Report of Key Findings
- Forming an ongoing COPE Committee for follow-up and planning Next Steps

2.1 Available COPE Tools¹

2.1.1 Self-Assessment Guided Discussions carried out by teams of staff, often during the course of their normal work. They look at elements of quality based on clients' rights and providers' needs including discussion guides on

1. Client's right to information
2. Client's right to access to services
3. Client's right to counseling and informed choice
4. Client's right to safe and effective care
5. Client's right to privacy, confidentiality and expression of opinion
6. Client's right to dignity and comfort
7. Client's right to continuity of care
8. Client's right to good management and facilitative supervision
9. Staff's need for information, training and development
10. Staff's need for supplies, equipment and infrastructure and conclude by creating practical, time-bound actions plans.

2.1.2 Client Exit Interviews conducted with clients on leaving the District Hospital or peripheral clinics to identify gaps in the perception of quality between clients and providers and to generate practical recommendations and increased community ownership of the facility.

2.1.3 Client-Flow Analysis (CFA) tracks clients through the facility attempting to find practical ways of improving efficiency and quality of care.

¹ Note that COPE tools can be found in the document "*COPE for Child Health. A Process and Tools for Improving the Quality of Child Health Services*" published by AVSC International and available through Engender Health.

2.1.4 IMCI Record Review used with sites following the IMCI program for child health to improve quality of health services.

2.1.5 Action Plans are initiated at each level but are summarized and prioritized at the final Participative Analysis meeting and often modified and adopted at the final Report of Findings meeting with the DHMT and other NGO's working in the area.

2.2 ACTIVITIES

2.2.1 Preparing for COPE (March-April 2005):

In March 2005, CARE-Sierra Leone began planning to conduct a COPE exercise with their Child Survival Project in Koinadugu District, Sierra Leone. The project completed a baseline KPC survey of mothers' knowledge in year one and a monitoring LQAS as follow-up, and is in its second year of implementation. CARE HQ contracted an external consultant and CARE Sierra Leone shared the COPE methodology with the District Health Management Team and began planning of activities, participation, dates, etc. It should be noted that the DHMT participated in the development of the project Detailed Implementation Plan and in Annual Plans, and was already aware of plans to include quality assessment within the project activities and was in agreement with the participatory approach to quality self-assessment.

2.2.2 Choosing COPE Tools (May 3, 2005)

On arriving in Sierra Leone, the consultant met with the CARE-Sierra Leone Health Advisor, the Child Survival Project Manager and the Child Survival Project Monitoring & Evaluation Coordinator. A full day was spent in selecting the COPE tools to be used and the various contexts and levels – Community, PHU or District level – where they would be used.

The Self-Assessment Guides and the Client Exit Interview tools were selected from among the COPE tools available for use in this assessment. In looking at the 10 Self-Assessment Guides, the CARE-staff felt that guides 3 and 9 would be more helpful at a later time. Guide 3 focuses on the right to counseling, but in the project there is currently little or no counseling being carried out by the PHU staff, partly due to the fact that the IMCI approach to care and counseling is pending introduction and training at the health facility level. Guide 9, focusing on Staff need for information, training and development, was postponed for later use as supportive supervision and in-service training has been absent so far (again, pending introduction of the IMCI approach). However, recommendations were adopted during this COPE exercise for utilizing the existing Primary Health Unit Maternal Child Health Aides for increased counseling. Also, a new push for Supportive Supervision by the DHMT was another result from this exercise. Guides 3 and 9 should be included in any future COPE assessments.

Guide 10 was used in interviews with the MCH Aide at each of three PHUs. A checklist of personnel, medicines and supplies at both the District and PHU level was adapted from the Sierra Leone National Primary Health Care Manual and was used at 16 PHUs during the COPE quality of care assessment exercise.

The Client-Flow Analysis tool and the IMCI Record Review tool were not included as the district is still struggling with chronic facility *under-utilization* and patient flow efficiency is not yet an issue. While the Sierra Leone MOHS has endorsed the IMCI approach, the IMCI protocols for District and PHU levels have not yet been introduced.

2.2.3 Introductory Meetings (May 4-5)

On Wednesday after traveling from Freetown to Kabala, the capital of Koinadugu District where the CARE project is working, a day and a half of COPE Introductory Meetings with the 11 CARE CS project staff and two representatives from the DHMT were held.

These meetings included:

- Introducing the staff
- Introducing the COPE methodology
- Training on COPE objectives
- Reviewing, Adapting, and Finalizing the choice of tools with field staff
- Review of facilitation skills
- Practice using tools
- Setting COPE Assessment Team Member Assignments and schedule
- Adapting forms for use

2.2.4 COPE Assessment Days:

2.2.4.1 Conduct Guided Discussions & Exit Interviews at DHC (May 6)

After conducting two staff discussions and three exit interviews at the District Hospital and Out-patient clinic, the team discussed the experience and decided to make improvements to the Action Plan Form, re-emphasize the need to probe more for the why's and specific causes in the Problem and in the Recommendations section, as well as more detail in other columns.

2.2.4.2 Guided Discussions & Exit Interviews in four communities (May 9-10)

Two assessment teams conducted Guided Discussions & Exit Interviews with PHU staff, Community Health Clubs and Clients in Senekedugu, Musaia, Sinkunia, and Gbindi.

2.2.4.3 Interviews with MCH Aides in 3 communities (May 10)

Two assessment teams conducted Interviews using Guide 10 with MCHA's in Heremakono, Yataya, and Senekedugu.

2.2.4.4 Personnel, Supplies & Essential Drug Checklists in 16 PHU's & DHU (May 10-11)

CARE project staff traveled out individually to conduct the PHU and DHC checklists with health staff in all project locations. One PHU staff was absent for medical reasons that allowed 16 of 17 PHU's to be surveyed.

2.2.5 Participative Analysis Day with CARE & DHMT staff (May 12)

The COPE Team (CARE CS project staff and 6 DHMT representatives) spent a day summarizing and prioritizing the Action Plans from all three levels, the Client Exit Interviews and the PHU interviews and Check List findings from Guide 10.

The Participative Analysis included:

1. Break Out Groups

- Group 1 List Summary DHC responses on Poster
- Group 2 Summarize all PHU-MCHA Guided Discussion responses on poster
- Group 3 Summarize all CHC member Guided Discussion responses on poster
- Group 4 Summarize 15 COPE Exit Interview responses on poster
- Group 5 Summarize Check Lists

2. Combined Group

- Highlight consistently repeated issues and recommendations between all groups
- Highlight any interesting disparities in perceptions of quality between groups.
- Highlight simple, easily accomplished recommendations and make Prioritized Plan of Action
- Discuss ways of amplifying these recommendations to other PHUs, VDC's and CHC's

3. Break Out Groups

- Rank recommendations from the previous four sources and make long-term Plan of Action
- Group recommendations by groups who would potentially take responsibility:
 - MOHS/DHMT
 - NGO's: (CARE, IRC, CRS, etc)
 - Peripheral Health Unit's: (CHP's/MCHA's)
 - Village Development Committee's and Community Health Clubs
- Assign team members to present various findings at Final Report of Findings Day

2.2.6. Report of Key Findings, with DHMT, District Council, NGOs (May 13)

On May 13, after transcribing the findings and action plans from the various communities and PHU's; and after a day of Participative Analysis with project and DHMT staff, a day was set aside to present the findings of the COPE exercises and to propose next steps.

Participants included the MOHS/DHMT, a District Council representative, Care project staff and staff from other NGO and Po's. The meeting was moderated by Pity Karel, the District Health Sister. The CARE CSP Assistant Project Manager presented the summary of findings from the COPE Client Exit Interviews and led a discussion of the results with the group. Mr. J.A. Lansanar, the DHMT District Operations Officer, presented the COPE findings and action plans from the various Guided Discussions conducted at Community, PHU and District levels. He then facilitated a lively discussion with many new modification of the action plans to reflect further commitments or clarifications by the participants that were now present. The CARE CSP M&E Officer presented the findings from the Check Lists conducted at the PHU's and the District Hospital and then facilitated a discussion with the group.

Several of the DHMT members felt that these new forms, tailored specifically to each level of service, would be helpful in providing supportive supervision. The DHMT expressed a commitment to integrate the new check lists with their present inventory lists at the DHC to provide better accountability of medicines and supplies. A plan for increased PHU supervision from the DHMT, District Council, UNICEF and CARE came out of this discussion. (See Results).

Participant List for Report of Findings Meeting

1. Pity F. Karel, MOHS-DHMT	12. Vandy Kamara	CARE
2. Konjo Morah, MOHS-DHMT	13. Bockarie Sesay	CARE
3. J.A. Lansanar, MOHS-DHMT	14. Edmond J.B. Brandon	CARE
4. Sulaiman Jallah, MOHS-DHMT	15. Iysattu Kamara	CARE
5. Saud Criroma, MOHS-DHMT	16. Mohamed Kameroi	CARE
6. Andrew Swaray, MOHS-DHMT	17. Rebecca R. Mansaray	CARE
7. Alshassan H. Jalloh, Koinadugu District Council	18. Momodu Sesay	CARE
8. Lamina K. Mansaray, Sierra Leone RCS (NGO)	19. Sayoh Francis	CARE
9. Joseph K. Sesay, Christian Extension Services (NGO)	20. Sowo Tucker	CARE
10. Foday Kanje, UNICEF	21. Boiketho Matshalaga	CSP PM
11. Anule S. Collins-Cole, Christian Children's Fund (NGO)	22. Allan Robbins, Consultant	

2.2.7. Summary Report to CARE Sierra Leone Central Office (May 14)

On May 14, on arrival back in Freetown, the consultant met with the CARE Sierra Leone Health Advisor, to review the merits of the COPE process and some of the findings as well as looking again at ways to evaluate the projects sustainability indicators at this early stage.

2.3 COPE Tools and Schedules

2.3.1 Type & Level of COPE Assessments completed

District Level Assessment with District Hospital Staff:

- Five Guided Discussions: Guides 1, 4, 5, 7 & 8
- Three Client Exit Interview: 3 at District Outpatient Clinic
- District Personnel Checklist
- District Supplies Checklist

Peripheral Health Unit Level Assessment with MCH Aides:

- Six Guided Discussions: Guides 1 & 2-Senekedugu, 4 & 5-Musaia, 7 & 8-Sinkunia,
- Three Guided Interviews using Guide 10 - one in Folloosaba Dembelia Chiefdom
- PHU Personnel Checklist at 16 PHU's
- PHU Essential Drug Checklist at 16 PHU's
- PHU Supplies Checklist at 16 PHU's

Community Level Assessment with Community Health Club members

- Six Guided Discussions: Guides 2, 5 & 7 each at Musaia & Gbindi CHC's
- Nine Client Exit Interviews: 3 at Senekedugu PHU, 3 at Musaia PHU, 3 at Sinkunia PHU

Assessments completed by type

- Guided Discussion 1 Kabala DMC, Senekedugu PHU
- Guided Discussion 2 Senekedugu PHU, Musaia CHC, Gbindi PHU
- Guided Discussion 4 Kabala DMC, Musaia PHU
- Guided Discussion 5 Kabala DMC, Musaia PHU, Musaia CHC, Gbindi CHC
- Guided Discussion 7 Kabala DMC, Musaia CHC, Gbindi CHC, Sinkunia PHU
- Guided Discussion 8 Kabala DMC, Sinkunia PHU
- Guided Interview 10 Folloosaba PHU, Dembelia PHU, Gbentu PHU
- Client Exit Interviews: Kabala DMC (3), Senekedugu PHU (3), Musaia PHU (3)
- MCHA Interview (adapted from Guide 10): Heremakono, Yataya, and Senekedugu

- Inventory Checklists: 15 PHU's: Heremakono, Yataya, Senekedugu, Kondeya, Dankawali, Koinadugu II, Gbenenkoru, Kamadu, Sokralla, Yeraia, Mannah, Sinkunia, Gbindi, Hamdalai, and Musaia

2.3.2 COPE Team Assignments for Data Gathering

Team A Manager: J.A. Lansanar, District Operations Officer, DHMT

Team A Members: Bockarie Sesay, CARE CSP M&E; Rebecca Mansaray, CARE CSP Community Health Mobilizer; Francis, CARE CSP; Momoh Koyanday, CARE CSP Community Health Mobilizer

Team B Manager: Sowu Tucker, CARE Health Education Officer

Team B Members: Konjo, DHMT; Momodu Sesay, CARE CSP Community Health Mobilizer; Mohammed Kantara, CARE CSP Community Health Mobilize; Brandon, DHMT

2.3.3 Schedule for Data Gathering

Day	Team	Site	Activity	Target Group
Friday 6	A	Kabala	Guided Discussions Guides 4 and 5	3 District Staff
			Three Client Exit Interviews	Clients from Kabala District Hospital
	B	Kabala	Guided Discussions Guides 1, 7 and 8	3 District Staff
			Three Client Exit Interviews	Clients from Kabala District Hospital
Monday 9	A	Senekedugu	Guided Discussions Guides 1 and 2	3 MCH Aides
			Three Client Exit Interviews	3 Clients from Senekedugu PHU
	B	Musaia	Guided Discussions Guides 4 and 5	3 MCH Aides
			Three Client Exit Interviews	3 Clients from Musaia PHU
			Guided Discussions Guides 2, 5 and 7	Community Health Club near Musaia

Day	Team	Site	Activity	Target Group
Tuesday 10	A	Sinkunia	Guided Discussions Guides 7 and 8	3 MCH Aides -
		Sinkunia	Three Client Exit Interviews	3 Clients from PHU
		Gbindi	Guided Discussions Guide 2,5 and 7	Community Health Club in Gbindi
	B	Follosaba Dembelia Chiefdom	Guided Discussions Guide 10	MCH Aides at 3 PHUs
			Inventory Checklist	MCH Aides at 3 PHUs
		Wara Wara Yagala Chiefdom	Inventory Checklist	2 PHUs

Day	Team	Site	Activity	Target Group
Wednes- day 11	A and B	Sengbeh WW Yagala F. Dembelia D. Sinkunia	Inventory Checklist	14 PHUs

2.3.4 Quality Control: Although not fluent in the local language, the consultant observed COPE Assessment teams conducting Guided Discussions with staff at the DHC, at two PHU's, and with Community Health Clubs and saw evidence of good facilitation skills with active participation of members and lively discussion. The consultant also observed several COPE Exit Interviews (from a distance) and saw evidence of respectful behavior and good interviewing skills. The consultant observed one PHU staff interview and Check-List process and, though lengthy, there was evidence of respect and thoroughness.

3. Phase 1 Findings from Use of COPE Tools

The findings, outputs and results of this assessment are discussed in three main sections:

- In Section 3, Phase 1, all of the findings from Client Exit Interviews can be found in Annex A; findings from Guided Discussions with Community Health Clubs can be found in Annex B; and Health Unit staff in Annex C. **A few examples of each are provided in this section.** Findings from Guided Discussion with District Hospital staff are included in their entirety in this section. Checklist results of personnel, equipment and supplies are in Annex D.

- Section 4 contains information from Phase 2 during which the findings were summarized and prioritized during a day of Participative Analysis that was conducted by the COPE Team (CARE project staff and two members of the DHMT). This summary analysis is presented in the Section.

Finally these Phase 2 Findings were presented in a final day of reporting and decision-making with the DHMT and other NGO's. Section 5, Action Planning, shows the discussions, Action Plan developed, and Next Steps adopted by the group.

3.1 Examples of Findings from Client Exit Interviews

A total of 15 Client Exit Interviews were conducted at four different health facilities: 2 at Senekedugu Primary Health Unit, 3 at Musaia Primary Health Unit, 4 at Sinkunia Primary Health Unit, and 6 at Kabala District Hospital. The complete findings are presented in Annex A. Below, a few examples from the findings are presented.

1. Why did you come to the clinic today?

- My child is sick (4)
- I am not well, I have a fever.
- To get my child immunized (3)
- For ANC check up

2. Did you get what you came for?

- Yes I was given some drugs for the child to take. The child was washed with cold water.
- Yes the nurse gave me medicine and checked me.
- My child received the vaccine and I was asked by the nurse if my child is healthy
- Yes because I was seen by the doctor, although I pay for the medicines.

3. If not, why? (no responses given)

4. What information have you been given at the clinic about?

a. Breastfeeding?

- We should give clean breast-milk for 1 year, 6 months.
- I should give breast milk to my child as long as I am able. To introduce Bennimix at 6-9 months.

b. Nutrition for you and your child?

- She advised on the nutrition pattern of the child, the child must be given food as usual
- We the mothers should eat potato leaf, grain, fish and meat.

- We should give Bennimix and other foods after 6 months to the child.
- I was advised to cook rice and add palm oil, magi, salt, onions, pepper & feed the child.
- Nothing (3)

c. Warning signs for sick children?

- fever, persistent crying and at times coughing
- child not playing, refusing food and breast.
- Fever, weakness, refuse food and breast
- Nothing (5)

d. Vaccinations for the child?

- The nurse advised on the importance of immunization.
- My child should receive all the vaccines for him to be healthy.
- Yes, 5 vaccines before the first year
- Nothing (2)

e. Malaria

- Fever, yellow urine
- The child and I were given an ITN sleep under it to prevent mosquito bites.
- That we should make sure that our environment is clean
- Nothing (4)

f. Maternal and newborn care

- To come to the clinic for ANC. To deliver with trained personnel.
- Give breast-milk to your child after birth
- To take care of the child by bringing the child to the clinic frequently
- Nothing (5)

g. Antenatal clinic – warning signs in pregnancy and labor

- To come to the clinic whenever I experience headache or fever.
- Fever, not passing urine frequently. Swelling of feet.
- Bleeding from vagina, swollen feet, abdominal pain
- Nothing (4)

h. Easy to understand explanation of how to take medicines.

- The medicines given to me were easy to understand for example ORS
- The nurse explained to me how to take medicines
- Yes it was easy to understand
- Yes, chloroquine twice weekly – paracetamol 2 per day

i. Easy-to understand explanation of how to care for the sick child.

- I was told by the nurse that when my child gets sick I should come with him to the clinic.
- Yes, we should encourage the child when he is sick.
- Yes, continue feeding, if has fever, wash with cold water.
- Nothing (2)

j. Family planning

- That we should space our children
- The nurse advised me to join family planning and even sells the pills to me.
- Nothing (5)

k. Other

- I was asked if I have purchased the ITN but I told her that I haven't got the money yet.
- I know about condoms to avoid some diseases

5. Did you have to wait a long time at any point in your visit to the clinic today? If yes, for how long, and at what point?

- I was attended to immediately and that applies to all other patients.
- I did not wait for a long time because the nurse has few patients to treat at the clinic.
- At times I have to wait a long time, because the nurse does not come earlier. At times the clinic is over crowded and I will be there up until one o'clock.
- I do stay at the clinic up to 4 O'clock. The nurse and the clients do not come earlier. We listen to health talks before starting treatments.
- It is like a first come first serve, my time was not wasted at all.

6. What do you like best about this hospital?

- The nurse is very nice. She gives medicines to me whenever I come to see her. The clinic is also clean.
- What I like about this clinic is – they give vaccination and medicine to me and my children and also give health talks.
- I like this hospital because they have been giving us enough medicines for my child and my child is being weighed and vaccinated.
- The Pharmacy – I do not spend a lot of time to get my medicines.
- Nurses are polite, treat you good and care for the child.
- The clinic is of big help to us since it serves us all in the community. Our health status is gradually improving. The proximity of the clinic is of great significance.

7. What do you like least about this hospital/clinic?

- I was had some traditional medicine on the head of my child. The nurse shouted at me to remove it and use baby oil and I spent a lot of time (four hours) waiting.
- Sometimes the clinic is filthy or nurses are quarrelling during working hours.
- Payment for the service or drugs is unaffordable for most community members.
- Only one medical doctor presently in the hospital.
- The only problem in the clinic is the inadequate supply of medicines; sometimes the nurse will have to go to Kabala to buy medicines for patients.
- There is nothing that I dislike about this clinic (6)

8. What suggestions do you have to help us improve services at this hospital/clinic?

- Construction of wells at the clinic – as we fetch water from the town well every day.
- Provide food supply for the children, medicine for us all free of cost.
- I would like the Government to supply ITNs to the clinic, medicines and food.
- We want people to counsel and to talk to us nicely and be at the hospital on time since we have other work to be done at home.
- To have more medical doctors, bring in more medicines, to construct a big hospital. To improve on the equipments especially for operations.
- Building of staff quarters

3.2 Example of Action Plan from Community-Level Guided Discussions

Six Guided Discussions were held with members from two Community Health Clubs and Action Plans were developed as part of the discussion. All of the Action Plans are presented in Annex B. Below, the Action Plan from guided discussion with one Community Health Club is provided as a general example.

Plan of Action		Location: Musaia		
Participants: Musaia Community Health Club members				
Problem / Cause		Recommendation	By Whom?	When?
Guide 2: Right to Access To Services				
The hospital is not open on time		• The hospital should be open on time at 8:00 AM	Dispenser	Soon
		• The laws/rules that govern the hospital and the nurse should be known by the clients	Nurse	Soon
		• Increase the number of staff	Health Committee	Soon
		• Hold regular meetings with Health Committee	MOHS	Soon
No money, no treatment.		Charge less for the poor to be seen	Dispenser	

Plan of Action Location: Musaia Participants: Musaia Community Health Club members			
Problem / Cause	Recommendation	By Whom?	When?
Immunization, MCH cards and ITNs were to be given out free, but if you have no money you are not seen.	Provision of more (subsidized) medicines	Nurse MOHS Nurse	Soon
<ul style="list-style-type: none"> • Under 5 Cards are suppose to be free but first time patients must buy their <5 card • Children are not treated if card lost, must buy new one. 	<ul style="list-style-type: none"> • <5 Cards and replacement cards should be provided free of charge • But Clients should maintain their old cards rather than needing to pay for a new one. 	MOHS Nurse Dispenser Nurse NGO's	Soon
Families attempt to manage complex emergencies in the home	Caregivers need to bring/refer clients to the Community Health Post	Clients/TB A's	Soon
Communities only have access to a stretcher/hammock for transporting clients, private cars are not available	Provide access/communication to ambulance	NGO/s / MOHS	Soon
Child Health Visits are not combined with Reproductive Health Visits	Combine activities allow client to only come once	Nurse / Dispenser	Soon
Outreach is needed to increase access to deworming, immunization, growth monitoring, Vit. A & treatment	Find ways to increase outreach to clients	Nurse / Dispenser	Soon
Positives: Pregnant women encouraged to deliver in facility	Nurse encourages antenatal care		
Guide 5: Right to Privacy, Confidentiality, and Expression of Opinion			
No HIV testing or counseling is being done at PHU	Provide laboratory equipment and technician	MOHS/NG O	Soon
Service providers do not respect clients opinion	Initiate regular meetings between service providers and clients. Train staff (MCHA's) on human relations	Health Committee MOHS/NG O	Soon Soon
Guide 7: Right to Continuity of Care			
Immunization visits are not combined with reproductive health visits.	Allow one client visit to receive both immunization & reproductive services	Nurse / Dispenser	Soon
Men and other family members are not involved in caring for child/pregnant women	Men and other family members should be directly involved in caring for children and pregnant women	Health Committee CHC	Soon
There is no good communication system between the PHU clinics and other health facilities because of poor road network and lack of transportation	Improve maintenance of roads. Provide for transportation	VDC/NGO' s/MOHS	Soon
Pregnant women to not make follow up visits to clinic	Encourage pregnant women to make regular visits	CHC Nurse,	Soon

Plan of Action Location: Musaia Participants: Musaia Community Health Club members			
Problem / Cause	Recommendation	By Whom?	When?
		Dispenser	
PHU's lack access to laboratory facilities	Provide laboratory technician and materials	MOHS, NGO's	Soon
Follow-up visits not made for clients that do not bring their children for vaccination, weighing, malnutrition	Follow up visits should be ensured by creating Community By-Laws by the Village Development Committee	VDC MOHS / NGO's	Soon
Lack of good communication and collaboration between the PHU and community since departure of MSF	More health workers (from other NGO programs) are needed to refer and provide collaborative care.	VDC, MOHS, NGO's	Soon
Community members are not active in ensuring linkages between community and PHU	The Community Health Committee should be oriented on their roles and responsibilities. (Musaia has both a VDC & a CHC)	MOHS / NGO's	Soon
Clear information is not given to clients	Service providers should give clear information to clients. The Community Health Committee should have regular meetings.	Nurse Dispenser, CHC	Soon
Care-givers are not told to seek medical attention when their child is sick	Regular home visits by the service providers (MCHA) to encourage clients to report to the hospital when their child is sick	Nurse Dispenser CHC	Soon
Service providers should be patient with clients when giving them information	Encourage MCHA's to be patient	Nurse CHC, Clients	Soon
Positive Issues: <ul style="list-style-type: none"> • Care-givers are reminded of the next vaccination date and they are taught how to take care of their sick child. • Care-givers are taught how to give ORT • Clients are given follow up dates 			

3.3. Example of Action Plan from Peripheral Health Unit Guided Discussions

Guided Discussions were held with 9 Primary Health Unit staff at five different facilities, including Senekedugu, Heremakono, Musaia, Sinilunia and Yagala. Guided Discussions were also held with a variety of DHMT staff at Kabala District Hospital. Guided Discussions were based on the following COPE tools: Guide 1 Right of Information, Guide 2 Right to Access Services, Guide 4 Right to Safe and Effective Care, Guide 5 Right to Privacy, Confidentiality and Expression of Opinion, and Guide 7 Right to Continuity of Care, Guide 8 Staff Need for Good management and Facilitative Supervision, and Guide 10 Staff Need for Supplies, etc. The complete findings of discussions with all health staff are presented in Annex C. In this section, one set of findings from Guides 1 and 2 is presented as a general example.

Plan of Action		Location: Senekedugu	
Participants: MCH Aides from Senekedugu and from Heremakono PHU's			
Problem / Cause	Recommendation	By Whom?	When?
Guide 1: Right of Information			
PHU support staff are not working effectively because they are not paid by the government	Support staff should be given a monthly incentive by government and be sensitized to work for the benefit of their communities	DMO	Within one month
There is no specific place for a pediatric ward	Ask NGO's for the construction of Pediatric wards at the PHU level	DMO & DOO	Soon
There are no educational materials for STI's nor HIV/AIDS. Materials could be used to engage mothers while waiting to be seen in the MCH clinic	<ul style="list-style-type: none">• Conduct a workshop to train community members re: HIV/AIDS• Supply PHU with educational materials on HIV/AIDS	Nurses In Charge	Very Soon
No materials on family planning because they are not available at the District Hospital source of supplies	Find out who is the HIV/AIDS focal person and contact him/her for supplies	District Health Sister	Very Soon
There are no materials or facilities for HIV/AIDS screening at the PHU level	Provide lab facilities at PHU level and increase awareness of the importance of VCT for HIV	HIV/AIDS Counselor	After the assessment
No window screening to prevent mosquito bites at the PHU	Community members to be advised/sensitized to brush around their compounds	PHU-In charge	Soon
Under other illnesses, the problem of food taboos	Strengthen Health Education on Nutrition	PHU-In charge	Soon
Guide 2: Right to Access To Services			
There is no EPI Cold Chain System at Senekedugu and Heremakono PHU's. Some other PHU's have damaged or faulty cold chain systems	Supply solar refrigerators to PHU's and repair the faulty ones.	DOO	Very soon
No referral system in place for emergencies. This is a result of lack of logistics. There is not communication between the district facility and the PHU's	Establish effective communication network between PHU's and the district hospital (VHF radios). Use the ambulance or other vehicles that are available at the district hospital	DMO	Before December 2005
No taxis or cars are available in the community for use by a referral mechanism that needs 24-hour access.	Make manual means of mobility, like hammocks, available at the PHU's	VDC chair, Secretary & Advisor	Immediately
Other Issues at the PHU: Poor Clinic Attendance <ul style="list-style-type: none">• Poor attitude toward clients of the MCH Aides	<ul style="list-style-type: none">• Encourage staff by giving them incentives to sensitize the communities to attend the clinic.• Provide a workshop on BCC to Nurses and MCH Aides.	DMO PHU In-Charge VDCs	Soon Soon

• High cost of drugs at PHU	• Hold meetings at the community level to discuss reasons for poor attendance and find ways to bridge the gaps.	& PHU In-Charge	
	• Clients should be given incentives at the centre such as ITN's, food, or bangos	DMO, PHU In-Charge	Soon
	• Review current cost recovery drug prices	DHS	Soon

3.4. Action Plans from District Health Level Guided Discussions

A series of COPE tools were used in one Guided Discussion held with Kabala District Hospital staff. The Action Plan from this guided discussion is presented in its entirety below.

Plan of Action		Location: Kabala District Hospital	
Participants: District Operations Officer; District Monitoring & Evaluation Officer; District Leprosy, TB & Malaria Focus Officer; District WATSAN Officer; District Health Sister			
Problem / Cause	Recommendation	By Whom?	When?
Guide 4: Right to Safe and Effective Care			
Disease Control: No disinfectant available in the whole district hospital.	Contact UNICEF and WHO	District Medical Officer	Soon
Referral system: Inadequate referrals from PHU because Clients underutilize district ambulance as they must reimburse the cost of fuel.	Contact World Bank, UNICEF, Government and WHO	DMO & District Health Sister	At end of COPE analysis
Facilities: Difficulty coping with Neonatal Emergencies because no existing facilities or equipment available to deal with neonatal emergencies.	Construct and equip a pediatric ward at District Hospital	DHMT, District Council & Health Board, Para-mount Chiefs	At end of COPE analysis
Staffing: The District hospital currently is without a Medical Officer, which forces the District Medical Officer (on the Public Health Side) to fulfill both roles including that of the only doctor for the hospital.	Request government to post two additional medical officers as called for in the Sierra Leone Primary Health Care district standards.	Dist Health Board in collaboration with DHMT	At end of COPE analysis
Training: Staff have not had refresher training in over two years at the DHMT level	Provide refresher training		
Health Information System: Few statistics are kept at district level.	Strengthen the health information system		
Positive Issues: <ul style="list-style-type: none">• Written infection prevention guidelines are available to PHU’s• Hand washing facilities are available and in use.• Disposal facilities are available, including safety boxes and an incinerator.			

- Staff know cord cleaning procedures
- Women are highly encouraged to attend clinic, they are checked for anemia, given routine medication, advice on the use of iodized salt, given TT vaccination, screened for weight, and offered malaria prophylaxis and treatment, screened and treated for STI's
- Women are admitted for delivery are examined by trained staff
- Babies who have eye infections are treated
- There is a policy for promoting Exclusive Breastfeeding
- Trained staff can recognize signs of very sick young children and volunteers consult with trained staff for diagnosis; *Encourage volunteers to enroll for training.*
- Staff are able to recognize signs of child abuse and refer to Family Support Unit (FSU)
- Young children are checked for malnutrition and anemia, immunization status and if needed, offered Vitamin A and Iron supplementation
- Staff is trained to manage children with cough or difficult breathing and diarrhea, bloody stool, dehydration and to explain the use of oral rehydration (SSS) and manage fever.
- Staff can manage cases of accidental poisoning
- The District follows the national policy of de-worming, including training school teachers and providing de-worming medication without cost.
- Clients confidentiality is observed and protected
- Records are strictly controlled
- There is a private observation room for counseling
- Mothers opinions are respected by staff

Problem / Cause	Recommendation	By Whom?	By When?
Guide 1: Right to Information			
Not everybody knows the cost of services / Illiteracy and lack of sensitization	Sensitization to be increased Radio announcements	Health Workers /Social Mob. Officer	3 months
Support staff do not know the key messages of ARI, Nutrition etc. / They are not well educated	Workshop for support staff	DMO / NGO's	Soon
Men do not know key nutrition messages / No nutritional education supplied for men as they do not attend the clinic sessions.	Radio sensitization programs, encourage men to listen to health talks in clinics	MOHS / NGO's Social Mobilization Officer	Soon
Not all health posters are available / Have not been supplied	Make supplies available	Health Education Unit / SMO	2 months
Mothers refuse to come back for next vaccination because of fever / Poor sensitization and advice (ignorance)	Increase sensitization Radio discussion	MOHS / NGO's SMO	Soon
Positive Practice: All staff, including support staff, can advise on child health.			

Guide 7: Right to Continuity of Care			
Family Planning: Men do not accept family planning	Sensitization on family planning for men. Radio discussion	MOHS/NGO's Social Mobilization	Soon

IUD's not implemented / Trained staff not available	Provide trained staff	Officer	
Male Participation: Fathers not involved in Health talks / Fathers do not attend clinics with their children and wives	Encourage fathers to attend clinics and listen to health talks. Radio Discussion.	Clinic staff and NGO's, DSMCS	Soon
Maternal Child Health: No home visits for high risk mothers / Not enough staff	Provide trained personnel	DMO / DHS	Soon
HIV / AIDS: No program for HIV/AIDS patients / Program not implemented in District	Make program available in the district	DMO / NAS	Soon
<i>Guide & Staff Need for Good Management and facilitative Supervision</i>			
MCH: No written policy for in-rooming	Develop written policy	MOHS / DMO	Soon
Birth & Death Registers are not available in all chiefdoms / "Birth & Death" Officer not mobile	Provide mobility to district staff	MOHS / NGO's (DMO)	Soon

3.5 Checklists

Findings from the checklists of personnel (Annex D1), number of PHU facilities (Annex D2), essential medicines (Annex D3), equipment and supplies (Annex D4) are available in Annex D.

4. Phase 2 Summary of Findings from Participative Analysis Day

4.1 Summary of Participative Analysis of Client Exit Interviews

- **Reasons for Clients' visit to health facility:** Clients interviewed came to the health facility for curative and preventive care services such as vaccinations, growth monitoring, ante-natal and post-natal care, health education and treatment for minor and major ailments.
- **Client satisfaction:** All those interviewed stated they were happy with services provided by health staff and that they had received what they came for at the facility.
- **Information provided by Health facility**
 - a. Breast-feeding: Clients were able to relate some basic technical information on exclusive breast-feeding.
 - b. Nutrition for Mother and child: Mothers stated that complementary feeding commenced at six months and had been advised at the health facility to eat locally available foods.

- c. Warning signs for sick children: Clients could explain some basic warning signs to show that a child is sick
 - d. Vaccinations for the child: All clients were aware of the importance of vaccination.
 - e. Malaria: General awareness on the causes and prevention of Malaria such as using insecticide treated bed net and environmental sanitation.
 - f. Maternal and Newborn Care: General awareness on ANC and care for the newborn and clinic attendance after delivery.
 - g. Warning signs in pregnancy and labor: General awareness on danger signs during pregnancy as well as clinic attendance when signs appear.
 - h. Explanation of how to take medicine: Clients understand instructions.
 - i. Easy to understand explanation of how to care for the sick child: Clear understanding of simple childcare practices before and after clinic attendance.
 - j. Family Planning: Awareness of presence of FP services at the health facility.
- **Waiting for service at the Hospital/PHU:** Patients generally reported being attended to on a first come first serve basis with only a few having to wait for up to four hours for a service.
 - **Client likes about facility:** The following were reported.
 - politeness and kindness of the staff
 - cleanliness including new nets & sheets
 - being treated on time and getting the medicine and drugs required
 - getting health talks
 - weighing & vaccinations.
 - Free ITNs
 - **Client Dislikes about facility:** The following were disliked about facilities.
 - expensive drugs or fees
 - the presence of only 1 doctor in the hospital
 - nurses quarrelling with each other in front of patients
 - wasting time
 - shortage of drugs
 - filthy clinics
 - **Client suggestions for improving the facility**
 - provide water facility at health posts
 - advise some nurses to be polite
 - provide prompt treatment
 - improving working conditions of staff
 - build staff quarters at PHU's
 - improve equipment at hospital
 - more Doctors at health posts
 - free food and medicines

Other comments: In addition, clients were very thankful and showed appreciation for services provided and made appeals for the improvement of the overall health care delivery system.

4.2 Summary of Participative Analysis of Action Plans

Plan of Action from Final Participative Analysis Day			
Participants: All CARE Child Survival Project Staff and two DHMT members			
Problem / Cause	Recommendation	By Whom?	When?
Guide 1: Right of Information			
1. Clients not aware of the cost of health services	<ul style="list-style-type: none"> • Prepare & mount price lists at PHU's • Advertise costs on through Radio announcements 	MCHA In Charge MOHS/ DSMC	3 months
2. IEC materials are needed on Nutrition, STI's, HIV/AIDS and FP	Supply ICE materials to all PHU facilities	Health Ed Unit DSMC/DHS / DMO	By Dec 2005
3. Information on screening for HIV/AIDS	Advise all PHU staff who the District HIV/AIDS Focal Person is and provide them information on the District screening process for HIV/AIDS	DHS DSMC	Start Jun 05 Ongoing
4. Cultural taboos, beliefs and practices affecting health eg. Children are not to eat eggs lest they become thieves	<ul style="list-style-type: none"> • More health education • Target men for health talks 	PHU-In Charge	Start Jun 2005 Ongoing
5. Preventing mosquito bites at PHU	<ul style="list-style-type: none"> • Clear brush around PHU compound • Bury empty tins 	PHU-In Charge Cmty Health Committee	Start May 05 Ongoing
6. PHU support staff are not paid	Work with CH Committee's to provide incentives to support the PHU staff	PHU-In Charge CHC/VDC Community	Start May 05 Ongoing

Problem / Cause	Recommendation	By Whom?	When?
Guide 2: Right of Access to Service			
1. No referral system in place	<ul style="list-style-type: none"> • District Level: Establish a radio communication system between PHU's and the District Hospital • Community Level: Establish a Cmty Based system (hammocks) to carry emergency patients 	CARE / DMO	Dec 2005
2. Poor clinic attendance by clients due	Better mentoring and advice on	DHS/	June 2005

to poor attitude of some PHU staff	behavior by supervisors	CS	
3. No Standard Case Management Guidelines at PHU	Provide Standard Case Management guidelines	DMO/DHS	July 2005
4. Inadequate trained and qualified staff both at District Hospital and PHU's	<ul style="list-style-type: none"> • Government to post more trained and qualified staff to the district. • Upgrade MCHA's to higher qualification 	DMO DMO	Dec 2005 Dec 2006
5. No delivery kits at most PHU's	Provide delivery kits to PHU's	DHS	Dec. 2005
6. No refresher training for DH staff for more than 2 yrs	<ul style="list-style-type: none"> • Conduct Training Needs Assessment for all Dist Staff • Conduct Training of Trainers • Conduct In Service Training 	DMO DOO	Ongoing By Dec. 2006

Problem / Cause	Recommendation	By Whom?	When?
Guide 5: Right of Access to Privacy			
1.No HIV/AIDS testing or counseling available at PHU's	<ul style="list-style-type: none"> • Provide mobile HIV/AIDS testing to visit PHU • Train PHU staff in confidential HIV counseling 	DMO/DHS Lab Tech/ Dist.Matron	August 2005
2. Men do not accept family planning	Sensitization on Family Planning for men through radio discussions and community meetings	DSMO Community Health Clubs	Ongoing
Guide 8: Staff need for Good Management and facilitative supervision			
1. Little supportive supervision at PHU level	Implement monthly supportive supervision	DHMT Zonal Supervisor	Ongoing
2. Birth & Death Register Booklets are not available in all Chiefdoms	<ul style="list-style-type: none"> • All PHU'S must have access to the Birth & Death register booklets. • Obtain from the Chiefdom Birth & Death Registrar 	DHS Birth & Death Registrar	Ongoing

Problem / Cause	Recommendation	By Whom?	When?
Guide 10: Staff need for supplies, equipment and infrastructure			
1. Inadequate Essential Drugs available at PHU's	<ul style="list-style-type: none"> • Request UNICEF supply additional Essential Drugs • DHMT works with COPE Committee and CARE staff using the COPE Drug Check List and DHMT list to keep better inventory 	DMO / NGOs / UNICEF	Very Soon
2. Insufficient IEC materials available at PHU's	Provide more IEC materials, esp. HIV/AIDS to PHU's	DHS, HIV Counselor	Immediately
3. Inadequate equipment at PHU's	Supply needed PHU equipment	DMO	Very Soon
4. Break down of Cold Chain equipment including Solar	Repair or replace broken equipment Request UNICEF repair Cold Chain	DOO UNICEF	DOO UNICEF

Refrigerators	refrigerators or Train PHU staff in minor maintenance and repair		
5. Unavailability of Heavy/V Duty gloves for disposing of contaminated medical waste (District has no supply)	Supply necessary heavy duty gloves to PHU's	CARE	December 2005
Lack of medical waste disposal facilities at PHU's	Construct burning pits at all PHU's	PHU-In Charge CHC/VDC	May 2005
Lack of sufficient rigid "sharps" containers at PHU	Provide sufficient rigid boxes	DOO / PHU-In Charge	May 2005
Lack of disinfectant at PHU's (Bulk district supply has not arrived)	Supply PHU's with disinfectant	DHS & Matron	Ongoing

4.3 Summary of Participative Analysis of Check Lists

CARE Monitoring & Evaluation Officer presented the analysis of the check lists highlighting the serious under staffing at the district and Primary Health Unit (PHU) levels compared to the 2004 National Primary Health Care manual's guidelines. The one District Medical Officer in Koinadugu currently must also serve as the Medical Officer of the hospital. There are no mid-level Community Health Centers functioning although three are called for and none of the PHU's are staffed by a qualified nurse as stipulated. The Ministry of Health and Sanitation (MOHS) does intend to upgrade the qualifications for the MCH Aides who are currently running the PHU's. The check-lists revealed some quality issues: neither the District Hospital nor any of the PHU's had any antiseptic on in stock because the supply ordered by the district had not been delivered. None of the PHU's had a functioning incinerator, but when asked if they had a "fire pit" dug at the PHU to dispose of medical waste as an alternative, there were responses of "no, but we can dig one today!"

Site visits at many PHU's had noted nearly half of the recommended essential medicines were out of stock when the checklist was completed. Only 5 of 15 PHU's had Ferro-Sulphate antenatal supplements, only 1/15 had cotrimoxazole antibiotic. However at the feedback session, both the District Health Sister and the UNICEF representative stated that most of the PHU's had been re-supplied with their essential medicines kit as recently as the week before. Plans were made for CARE project staff to accompany the District Health Medical Team zonal supervisors on monthly supportive supervision visits to the PHUs and integrate a new essential medicines checklist into a more useable inventory tracking and management system. This plan received praise and new commitment from UNICEF's representative, who asked if he could accompany some of the visits next month as well.

5. RESULTS AND ACTION PLANNING

5.1 The COPE Feedback Meeting with Stakeholders, 13 May 2005

Discussion Issues around the Action Plan

1. Participants in the meeting felt that the 'dependency syndrome' for free drugs and service fees emerged from the era when everything was issued to communities for free.
2. It was agreed that coordinated sensitization on health care should be undertaken to reverse this 'syndrome' using Councilors, Paramount Chiefs and District Health Management Team.
3. Community awareness on price lists should be improved. Price lists should be displayed, but displaying them may not be effective for illiterate communities and so meetings should be organized with Village Development Committees every month to explain the drug list prices. The DHMT expressed a desire to utilize radio spots to communicate standard prices.
4. The district council indicated that the issue of staff quarters for health staff in Kabala could be dealt with and the district development committee would look into options for renting premises for health staff – to increase the number of staff stationed in District.
5. The District Council also re-emphasized that the VDCs should play a primary role in coordinating the provision of incentives for PHU support staff.
6. District Council indicated that various functions of health care in the district had been devolved and that the District Council would be directly responsible for the following:

Funding allocation for Year 2005 (Leones)

Registration	21,000,000.00
Environmental sanitation	20,183,369.00
Primary health information & education	14,491,869.00
Primary health care	334,982,000.00
Solid waste management	10,500,000.00

It was resolved that a further revision of the action plan was warranted to include the role of council in the quality delivery of health services.

7. UNICEF indicated that they have a keen interest in the role of chiefs in the development of the child. They highlighted the presence of Chiefdom Welfare Committees with some functions such as collecting epidemiological statistics and managing the activities of NGOs in their chiefdoms and in the District.
8. It was suggested that a team be set up to carry forward all the action points listed. It was also suggested that the DHMT revitalize the District Co-ordination Meeting.
9. It was observed that although PHUs were requesting MCH Aide kits to be supplied to them (except to Yiraia), some of them have been issued with the same kits by the District Health Sister.
10. Regarding the referral system – ambulances are very expensive for the community to use and many families cannot immediately raise the money needed to pay for fueling the vehicle before use. CES discussed how they used to allow communities to use their vehicles for referrals and how they designed a system for recovering costs after the patient had been transferred. It was emphasized that communities are to be encouraged to develop systems for paying for referral services provided. The District Council stated that they would be working with the local Village Development Committees on implementing either a community loan or community savings program which could address the need of quick cash to use the ambulance for emergency referrals.
11. It was also confirmed that a lot of individuals were not aware of the presence of HIV/AIDS testing facilities at the hospital. The DHMT was encouraged to sensitize all staff on the availability of counseling and testing services.
12. Attendance at clinics for preventive care could also be improved by instituting by-laws at Chiefdom level and incorporating Child Welfare Committees in discussions pertaining to these.
13. Birth and Deaths registers are currently in process of being distributed in the district.
14. In addition to the action plan to have supportive supervision by zonal supervisors, it was recommended that a supervision checklist be developed for them to utilize.
15. Vaccines and other supplies are actually available from UNICEF pending the liquidation of early supplies issued to the District. It was recommended that CCF

work with MOHS (DOO) on the repair of faulty solar fridges – meeting to be conducted on 17/05/05.

16. The DHMT and CARE to work towards mobilization of communities in order for them to select and work with vaccinators who will only service select communities.
17. DHMT zonal supervisors were encouraged to check for incinerators that were not being utilized by PHU staff within the PHUs. Zonal supervisors and NGOs to work with PHUs to check for the provisioning of burning pits/incinerators.
18. The exact date of inventory shared in the meeting is to be highlighted. CARE and MOHS are to organize a movement plan for the first week of June in order to re-verify PHU equipment and supply lists.

5.2 Next Steps

The following institutions were nominated to be regular participants of the health co-ordination meeting – of which one item on the agenda would be the quality of health services (measured using COPE).

National Commission for Social Action	UNICEF
CARE Sierra Leone	ORIENT
Red Cross	District Health Management Team
Christian Children's Fund (CCF)	Health Committee of Council
Catholic Relief Services (CRS)	Chieftom Welfare Committee
Christian Extension Services (CES)	Cause Canada

Date of next meeting: 30 June 2005 (Invites to be issued by 23/06/05)

Chairperson: District Medical Officer (DMO)

Secretary: CCF **Venue:** District Council

6. Assessing Sustainability

6.1 Using the Child Survival Sustainability Assessment (CSSA) Framework

The Child Survival Sustainability Assessment (CSSA) framework was developed through the collaborative work of CSHGP grantees, the CORE Group, and the CSTS+ project as part of the CORE/CSTS Sustainability Initiative. A conceptual diagram of the framework is shown in Figure 5.1. It is being used with increasing frequency by grantees to develop sustainability plans and to describe their projects' progress toward sustainability along three interrelated dimensions.

The Child Survival Sustainability Assessment Framework (CSSA)



Figure 5.1

CARE and International Red Cross, during development of the Detailed Implementation Plans for their Child Survival Projects in Sierra Leone, received technical assistance from CSTS in developing this framework and selecting indicators to measure sustainability in each of the Dimensions and Components. CARE decided upon the following indicators for each Dimension and Component:

Dimension I, Component 1: Health Status of the Population

- An average of project M&E indicators from KPC survey or the 13 Rapid CATCH indicators.

Dimension I, Component 2: Health Services Characteristics

- % PHU's practicing Standard Case Management
- % Families with year round clean drinking water
- % PHU's receiving feedback from DHMT

Dimension II, Component 3: Local Organizational Capacity

- % of CHC implementing at least 4 health promotion activities per year
- Quality Supervision of health service cadres at least once a month.
- % of health related organizations attending district quarterly co-ordination meetings per year.

Dimension II, Component 4: Local Organizational Viability

- annual revenue generated (DHMT financial records)

Dimension III, Component 5: Community Capacity

- Number of trained village health volunteers that actively participate in village health activities.

Dimension III, Component 6: Political & Policy Environment

- % of girls who have completed JSS
- IMCI strategy adopted by government

6.2 Establishing Baseline Values for Dimension One

It was determined that information from this assessment of the quality of health services could contribute to establishing baseline values for Component 2 of Dimension I, while the CARE Child Survival Project already had information available from baseline KPC survey to establish a value for Component 1 of Dimension I.

Dimension I, Component 1: Health Status of the Population

The value for this component was based upon an average of project baseline values of the 17 indicators in the project M&E logframe that are measured through the KPC survey²:

CARE Sierra Leone Child Survival Project Indicators (measured by KPC survey)

<u>Indicators</u>	<u>Baseline</u>	<u>Target</u>
% of children age 0-23 months who were breastfed within the first hour after birth	19.5	50
% of infants age 0-5 months who were exclusively breastfed in the last 24 hours ***	8.3	20
% of infants age 6-9 months receiving breastmilk and complementary foods ***	69.8	80
% of children age 0-23 months who slept under an ITN the previous night ***	0.6	15
% of children age 0-23 months with febrile episode that ended during the last two weeks who were treated with an effective anti-malarial drug within 48 hours after the fever began	27.4	40

² The CARE Sierra Leone Child Survival Project also calculated the composite index for Dimension 1 Component 1 using the 13 Rapid Catch indicators; however, this was not used as a baseline for the CSSA, as the project does not have targets for 4 of the 13 Rapid Catch indicators. It was interesting to note, however, that the composite index value for the Rapid Catch indicators was similar to the value for the project M&E logframe KPC indicators: 39.4 Rapid Catch vs. 38.0 M&E KPC. Those indicators that are both project M&E logframe and Rapid Catch indicators are marked with a ***.

CARE Sierra Leone Child Survival Project Indicators (measured by KPC survey)

Indicators	Baseline	Target
% of mothers of children age 0-23 months who took anti-malarial medicine to prevent malaria during last pregnancy	31.0	50
% of women age 15-49 who know at least two symptoms that indicate the need to seek referral for emergency obstetric care	37.8	75
% of mothers of children age 0-23 months able to report at least two known neonatal danger signs	7.4	50
% of mothers who know at least two signs of childhood illness that indicate the need for treatment ***	79.0	95
% of mothers of children age 0-23 months who cite at least 2 ways of reducing the risk of HIV infection ***	3.8	25
% of mothers of children age 0-23 months who received at least two tetanus toxoid injections before the birth of their youngest child ***	47.2	70
% of children age 12-23 months who are fully vaccinated before the first birthday ***	45.7	60
% of children age 12-23 months who received a measles vaccine ***	69.5	80
% of children age 6-24 months who received a high dose of Vitamin A supplement during the last 6 months	68.2	85
% of mothers who received/bought >= 90 iron supplements while pregnant with youngest child <24 months	60.0	80
% of mothers who received a Vitamin A dose during the first two months after delivery	17.8	50
% of children age 0-23 months whose births were attended by skilled health personnel ***	15.1	30
Average	38.0	56.2

Dimension I, Component 2: Health Services

The COPE assessment provided information on the first and third indicator, while monitoring information from a CARE water and sanitation project that is being implemented in the Child Survival Project area contributed to staff discussion and consensus on assigning baseline value to the second indicator. The following baseline results **for Dimension I, Component 2** were established by the CARE CSP/COPE assessment team:

Indicator 1: % PHU's practicing Standard Case Management: 10%

The SCM guidelines are just being rolled out by the MOHS so while this indicator is presently near zero, it should change soon.

Indicator 2: % Families with year round clean drinking water: 50%

CARE is just finishing an extensive WATSAN project and the consensus estimate for this indicator was at least 50%.

Indicator 3: % PHU's receiving feedback from DHMT: 10%

While the DHMT supervisors are visiting each PHU on a monthly basis, currently it is primarily to collect financial returns and very little supportive supervision or feedback is occurring. *(However commitments made on the final day of the COPE assessment show great promise for addressing both Indicators 1 and 3.)*

Averaging these three scores $\{(10\%+50\%+10\%)/3\}$ gave a Health Services score of 27.

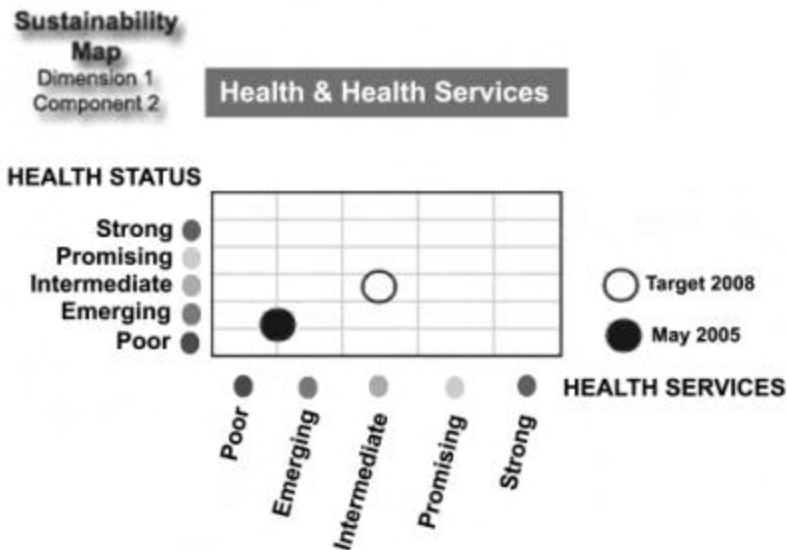
6.3 Mapping Progress in Sustainability

Another method of looking at the progress on Sustainability is to use a mapping or graphing technique. Any of the three dimensions can be graphically presented by mapping the two components of each dimension against one another and tracking the direction of the plots over time.

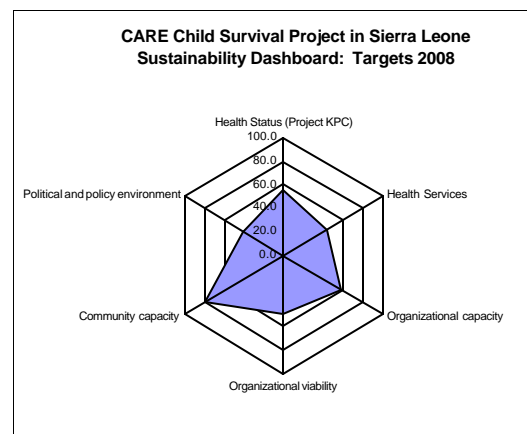
Guidance for using the CSSA methodology suggests that indicators can be categorized in the following manner:

Strong	81-100	PVO not needed
Promising	61-80	PVO consolidating and phasing out
Intermediate	41-60	Focus on high-level capacity building
Emerging	21-40	Focus on achieving results and capacity building
Poor	0-20	Emergency intervention

After the May 2005 CARE Sierra Leone CSP COPE Assessment, the team analyzed, discussed and mapped baseline values for the two components of **Dimension I: Sustainability of Health & Health Services**. In order to create a two-dimensional “map” of Health Service plotted against Health Status, we used the value established for Health Status of 37% or “Emerging”. The value established for Health Services was a score of 27 which is also categorized as “EMERGING”. Based on these two components, the following graphic presentation of the baseline status vs. the target for Dimension One was created (Fig. 5.4.). Mapping of the target was calculated in similar fashion, averaging the values of targets and establishing these within the above-noted categories.



This graphic, or "Map", is a useful way in which to visually present the baseline and target composite values for any of the three Dimensions in the CSSA framework. A graphic presentation for all three Dimensions and their Components can be done using a "radargram" or "dashboard map". This is presented as an example below, although no values for Dimensions Two or Three are included in the baseline.



6.4. CSSA Follow-on Plans

CARE Sierra Leone health staff and Child Survival Project staff plan to review the indicators for Dimensions Two and Three and come to consensus on the appropriateness of selected indicators, perhaps reduce the total number of indicators, and develop criteria for calculating baseline values for each of the indicators. The COPE assessment also provided additional information for assessing several of the indicators of sustainability for Dimension Two. Project monitoring information provides information for most of the remaining indicators. This review will be conducted internally as CARE project staff and repeated with project partners and other interested actors, such as IRC, before the Midterm Evaluation of the project.

Annex A:
Phase 1 Findings from COPE Tools: Client Exit Interviews

Combined Transcripts of 15 Client Exit Interviews: from Senekedugu PHU (2), Musaia PHU (3), Kabala Hospital (6), Sinkunia PHU (4)

1. Why did you come to the clinic today?

- My child is sick (4)
- To have my child treated because he has fever, and side pains and for him to be diagnosed by the nurse and be treated.
- I am not well, I have a fever.
- I am sick
- Brought child for treatment for eye infection.
- I came to the clinic because I am sick and I want to be treated
- I came to the clinic today because I have a serious back pain that I want to be treated.
- To get my child immunized (3)
- I am pregnant and I came to see the nurse for a check-up. I am also feeling pain all over my body.
- For ANC check up

2. Did you get what you came for?

- Yes I was given some drugs for the child to take. The child was washed with cold water.
- Yes the nurse gave me medicine and checked me.
- I got what I came for, she gave me tablets.
- I got what I want because I have received medicines.
- Yes, I have got what I came for
- My child received the vaccine and I was asked by the nurse if my child is healthy and I said yes
- Yes, I was informed by some family members that the child was suffering from anemia, but I was informed that she is suffering from 'groin' (lymph nodes swollen) and I received medication.
- The child was immunized
- Yes because I was seen by the doctor, although I pay for the medicines.
- Yes, I was given eye ointment
- Yes, She was examined and given some medication.
- Yes I was given some drugs and an injection
- Yes I received some medicines for the pain
- Yes, the nurse treated me well, I was given injection and tablets.
- Yes, the mark late was given to me and my child

3. If not, why?

- (no responses here)

4. What information have you been given at the clinic about?

l. Breastfeeding?

- We should give clean breast milk for 1 year, 6 months.
- Breastfeeding for 6 months before introducing Bennimix
- I should give breast milk to my child as long as I am able. To introduce Bennimix at 6-9 months.
- We should breastfeed for six (6) months.
- We should not give hot water to the child at an early age.
- Only breast milk should be given to the child, no hot water, clean breast milk all the time.
- Yes, 6 months exclusive breastfeeding
- Advised to practice exclusive breastfeeding.
- I was told about exclusive breastfeeding and that I should not give hot water to the child.
- The nurses told me about exclusive breastfeeding
- I was asked if the child is still sucking but I answered that he has stopped sucking.
- Nothing, I am an old woman.
- Nothing (4)

m. Nutrition for you and your child?

- She advised on the nutrition pattern of the child, the child must be given food as usual
- We the mothers should eat potato leaf, grain-grain, fish and meat, Bennimix for children.
- I should eat rice, corn, cow-milk, potato leaf and cassava leaf.
- Potato leaf, meat, fish
- After 6 months, I should give him Bennimix.
- We should give Bennimix and other foods after 6 months to the child.
- Give Bennimix to the child after 7 months, mother to eat good food.
- Yes, although I am not a suckling mother, I hear them advise suckling mothers about nutrition.
- To feed the child with Bennimix after 6 months.
- To feed the child with the required food.
- I was advised to cook rice and add palm oil, magi, salt, onions, pepper and feed the child.
- To feed the child with Bennimix after 6 months
- Nothing (3)

n. Warning signs for sick children?

- fever, persistent crying and at times coughing
- child not playing, refusing food and breast.
- Fever, weakness, refuse food and breast
- High temperature and after weighing if he falls in weight
- Lack of appetite, increased temperature

- none – I am not a suckling mother.
- Yes, fever, loss of appetite and cough.
- I was told to bring my child immediately to the clinic when the child has fever
- When the child has fever, refuses to eat and cries continuously
- Nothing (5)

o. Vaccinations for the child?

- The nurse advised on the importance of immunization and I was advised to be bringing him for vaccinations.
- To bring the child to the clinic for mark late
- Polio, measles
- Polio, measles, tetanus and dry cough
- Polio, measles, whooping cough
- My child should receive all the vaccines for him to be healthy.
- That we should always bring the children for immunization
- TB, Polio, blindness vaccination
- To bring child for mark late as required
- Yes, 5 vaccines before the first year
- To bring the child to the clinic as advised by the nurse (for mark late)
- To come for mark late as required by the nurse.
- None – I am not a suckling mother.
- Nothing (2)

p. Malaria

- I was not given any information on this topic
- Fever, yellowish urine
- Yellow urine, yellowish vomit, fever
- Fever, yellow urine
- The child and myself were given an ITN sleep under it to prevent mosquito bites.
- That we should make sure that our environment is clean
- I was not told about Malaria because I am not a Malaria patient.
- No information
- Yes, Chloroquine, Paracetamol
- Yes I was advised on Malaria especially on the course of the disease
- The use of ITN to prevent mosquito bite
- Nothing (4)

q. Maternal and newborn care

- To come to the clinic for ANC. To deliver with trained personnel.
- Attend clinic
- I attend ANC, and I make sure I deliver with a trained person.
- When our body becomes warm we should use cold water to wash for us to get our strength
- Give breast-milk to your child after birth

- I have passed that stage
- To take care of the child by washing and feeding
- To take care of the child by bringing the child to the clinic frequently
- To use clean water to bathe the child, not to dry napkins on the ground.
- Nothing (5)

r. Antenatal clinic – warning signs in pregnancy and labor

- To come to the clinic whenever I experience headache or fever.
- Fever, not passing urine frequently. Swelling of feet.
- Fever, constipation, come to clinic every month
- Bleeding from vagina, swollen feet, abdominal pain
- When you get abdominal pain, you should go at once to the clinic for the nurse to examine you.
- Swelling of the feet, bleeding, lack of appetite, loss of weight
- All these questions are not for me I am an old woman.
- Anemia, swollen feet, discharges
- Yes, like swollen feet
- Vomiting, swollen feet, high body temperature
- Continuous fever, headache and anemic
- Nothing (4)

s. Easy to understand explanation of how to take medicines.

- The medicines given to me were easy to understand for example ORS
- The nurse explained to me how to take medicines
- I do understand how to take medicines because she explains to me.
- I do understand how to take medicines when explained to me.
- I do understand when the nurse explain to me how to take medicines
- I was told how to take my medicines.
- Yes, this was explained in detail
- Yes, well explained
- Yes it was easy to understand
- As directed by the nurse
- Yes, chloroquine twice weekly – paracetamol 2 per day
- The MCHAide explained to me how to take the medicines and I can remember all the instructions well.
- Yes the nurse explained to me well how to take the drugs e.g. there is one drug, which I should take one daily.
- The nurse explained to me how to take my medicines
- The nurse always explains to me how to take my medicines.

t. Easy-to understand explanation of how to care for the sick child.

- I should tepid sponge the child and be with her every time
- if I have a sick child I must feed the child before bringing the child to the clinic
- she explains to me and I easily understand how to take care of a sick child.

- Yes, I do understand easily how to care for a sick child when it is explained.
- I also understand how to take care of a sick child.
- I was told by the nurse that when my child gets sick I should come with him to the clinic.
- Yes, we should encourage the child when he is sick.
- Bring the child to the clinic always
- Not applicable
- Bring the child to the clinic
- Yes, continue feeding, if has fever, wash with cold water.
- To bring child to clinic when sick
- To bathe the child with cold water when the temperature increases. To give beco and folic acid to the child.
- Nothing (2)

u. Family planning

- I was advised that the mother of the child should join family planning.
- I was told that if a pregnant woman takes contraceptive pills she will die.
- If you do not want to give birth then you have to come to the nurse.
- If you want to join family planning, come to hospital.
- Spacing of children
- That we should space our children
- Not applicable
- Prevention using depo injection, pills
- The nurse advised me to join family planning and even sells the pills to me.
- To join family planning because I have six children now.
- Nothing (5)

v. Other

- I was asked if I have purchased the ITN but I told her that I haven't got the money yet.
- I was told that before coming to the clinic, I should eat otherwise I will not be treated.
- There is injection and tablets (where?)
- I know about condoms to avoid some diseases
- You have asked the areas the nurse has been explaining to us
- The nurse told me that I should see her everyday until I feel better.
- Personal hygiene
- Those that I know what I have given to you.
- That is all I know
- Nothing more (5)

5. Did you have to wait a long time at any point in your visit to the clinic today? If yes, for how long, and at what point?

- I was attended to immediately and that applies to all other patients. She was about to go to Kabala today but when we arrived at the clinic, she gave us immediate attention.

- I did not wait for a long time because the nurse has few patients to treat at the clinic. Sometimes she sees me in ten minutes from my time of arrival.
- At times I have to wait a long time, because the nurse does not come earlier. At times the clinic is over crowded and I will be there up until one o'clock.
- At times they attend to me quickly, If I do not meet people. But I should wait if I come late but not up to 2 O'clock.
- I do stay at the clinic up to 4 O'clock. The nurse and the clients do not come earlier. We listen to health talks before starting treatments.
- We have been waiting for a long time because if we come at 7:30am they will come to see us at 10:00am or 11:00am so we spend four hours waiting for them to treat us.
- No, I had to wait at the under five section
- It is like a first come first serve, my time was not wasted at all.
- Yes, it takes a long time, a very long time.
- Wait for an hour
- No, came by 9:30am and were seen at 10:00am
- I was attended to immediately. She offers her service on a first come first serve basis.
- I did not wait for long. I was attended to as soon as I arrived at the clinic.
- The nurse saw me after an hour from my time of arrival at the clinic.
- The nurse treated me as soon as I arrived at the clinic.

6. What do you like best about this hospital?

- The In-charge is very respectful to her clients and attends to cases promptly. Moreover she sees clients on a first come first serve basis.
- The nurse is very nice. She gives medicines to me whenever I come to see her. The clinic is also clean.
- I like this clinic because they treat my child and if I am sick, they treat me also.
- Give medicine for my child and myself when we are sick.
- What I like about this clinic is – they give vaccination and medicine to me and my children and also give health talks.
- I like this hospital because they have been giving us enough medicines for my child and my child is being weighed and vaccinated.
- The medicine is less expensive, food that is prepared for patients who are admitted, the supply of mosquito nets and new bed sheets in the wards – staff members encourage patients.
- The health education, we are always cured when we come to the hospital.
- The Pharmacy – I do not spend a lot of time to get my medicines.
- Nurses are polite, treat you good and care for the child.
- Staff talk to patients nicely and there are no delays.
- I am given quality drugs at the clinic and the attention given to patients upon arrival at the clinic.
- The clinic is of big help to us since it serves us all in the community. Our health status is gradually improving. The proximity of the clinic is of great significance.
- The nurse is very kind; she gives me medicines anytime I come to see her. She also advises me to come to the clinic anytime that I am sick. The clinic is clean.

- Whenever I come to see the nurse she gives me medicines.

7. What do you like least about this hospital/clinic?

- I was had some traditional medicine on the head of my child. The nurse shouted at me to remove it and use baby oil and I spent a lot of time (four hours) waiting for them to treat us.
- Sometimes the clinic is filthy or nurses are quarrelling during working hours.
- Operation fees are too much for us in Koinadugu.
- I don't like the cost of the drugs
- Payment for the service or drugs is unaffordable for most community members.
- Only one medical doctor presently in the hospital.
- The only problem in the clinic is the inadequate supply of medicines; sometimes the nurse will have to go to Kabala to buy medicines for patients.
- There was a lot of time wasting.
- If I am not attended to immediately that would make me dislike the clinic
- There is nothing that I do not like about this clinic. Everything is fine.
- Everything about the hospital at the moment is good.
- There is nothing that I dislike about this clinic (6)

8. What suggestions do you have to help us improve services at this hospital/clinic?

Water

- Construction of wells at the clinic – as we fetch water from the town well for the use of the nurse every day.
- I would like to ask government and other NGOs to dig a well for the clinic, bring a supply for the clinic e.g. food supply, medicine supply.
- Supply of drugs to the clinic so that we can be given drugs free and that would reduce the chances of us having to go to Kabala to buy drugs.
- Provide free drugs, provide food for mother and children
- Provide free drugs and food supply for us
- Provide food supply for the children, medicine for us all free of cost.
- Government to help doctors and nurses with medicines.
- I would like the Government to supply ITNs to the clinic, medicines and food.
- We want people to counsel and to talk to us nicely and be at the hospital on time since we have other work to be done at home.
- To have more medical doctors, bring in more medicines, to construct a big hospital. To improve on the equipments especially for operations.
- Because of the delay, they need to attend to patients immediately.
- Supply more essential drugs, have more staff and improve the working condition of staff and maintain the hospital.
- Supply of drugs to the post
- Posting of dispenser to help the MCHAide
- Building of staff quarters
- More and good drugs supplied to the MCHAide especially in the rainy season
- The supply of ITNs to the center which will help use reduce the incidence of Malaria

- I would like the government to supply medicines to the clinic, to have a water facility.
- Presently I have no suggestions to make.

9. Is there anything else you would like to tell us?

- When there are items to be supplied to us we spend a week walking to the hospital to receive just one item (ITN) alongside with loud comments from them like “you only come here when you hear of free supplies.”
- We want to attain good health in Senekedugu.
- If we are given supplies at the clinic it will help us. We will always come to the clinic with our children.
- I want to say thank you because we are getting vaccination and ‘tent’ (ITN) supplies.
- I thank you very much; please help us to get the above-mentioned recommendations.
- I only want to say that, you provide free drugs and food supply for us and for our children.
- NGOs and MOHS should work hand in hand to improve on the health services in the district.
- Actually I have nothing else to tell you. (4)
- The patient needs to be attended as soon as they arrive at the hospital.
- We are asking for the supply of ITNs which would help reduce the incidence of Malaria
- Clothes for babies since some parents cannot afford things like napkins
- Provision of well for the post
- We would appreciate it very much if the clinic is provided with quarters for staff. Another issue is like there is only one MCHAide serving at the center so if a dispenser is posted to the post that would be good.
- I would like the government to encourage the nurse because she is kind; she treats people who are unable to pay the charges. Also to supply us with food.

10. Interviewer Comments

- *The interviewee was a caretaker; she was bold with a commanding tone.*
- The woman was 2 months pregnant and this was her first pregnancy so she could not answer most of the questions relating to newborn child.
- Client seems reluctant to answer questions
- The client is in a hurry but could answer to questions with a smiling face.
- The client is very bold.
- Even though the nurse gave her some good health talks about herself and the child but there are bad attitude problems from the nurse towards her.
- The process was interesting as the client was bold to express her self, even though she was impatient.
- The caregiver was very impatient to wait, as a result she was not responding to questions as were asked, therefore most of the questions were not answered as expected.
- The patient was an old woman, so some questions were not applicable. We should be more specific in the target group we choose.
- The mother has not visited the clinic several times so she has less information and there were many lactating mothers being attended by a few nurses.

- The Interviewee was bold and confident in saying out her views.
- The interviewee is an old man but was very bold in expressing himself.
- The interviewee was an old man and so most of the information was not necessary to ask of him.
- The interviewee has fever and was shivering while answering the questions.
 - The interviewee is a lactating mother and seems to have captured most of the information given to her by the clinic nurse.

ANNEX B

Action Plans for Guided Discussions with Community Health Club Members

Plan of Action		Location: Musaia	
Participants: Musaia Community Health Club members			
Problem / Cause	Recommendation	By Whom?	When?
Guide 2: Right to Access To Services			
The hospital is not open on time	<ul style="list-style-type: none">• The hospital should be open on time at 8:00 AM• The laws/rules that govern the hospital and the nurse should be known by the clients• Increase the number of staff• Hold regular meetings with Health Committee	Dispenser Nurse Health Committee MOHS	Soon Soon Soon Soon
No money, no treatment. Immunization, MCH cards and ITNs were to be given out free, but if you have no money you are not seen.	Charge less for the poor to be seen Provision of more (subsidized) medicines	Dispenser Nurse MOHS Nurse	Soon
<ul style="list-style-type: none">• Under 5 Cards are suppose to be free but first time patients must buy their <5 card• Children are not treated if card lost, must buy new one.	<ul style="list-style-type: none">• <5 Cards and replacement cards should be provided free of charge• But Clients should maintain their old cards rather than needing to pay for a new one.	MOHS Nurse Dispenser Nurse NGO's	Soon
Families attempt to manage complex emergencies in the home	Caregivers need to bring/refer clients to the Community Health Post	Clients/TB A's	Soon
Communities only have access to a stretcher/hammock for transporting clients, private cars are not available	Provide access/communication to ambulance	NGO/s / MOHS	Soon
Child Health Visits are not combined with Reproductive Health Visits	Combine activities allow client to only come once	Nurse / Dispenser	Soon
Outreach is needed to increase access to deworming, immunization, growth monitoring, Vit. A & treatment	Find ways to increase outreach to clients	Nurse / Dispenser	Soon
Positives: Pregnant women encouraged to deliver in facility	Nurse encourages antenatal care		
Guide 5: Right to Privacy, Confidentiality, and Expression of Opinion			
No HIV testing or counseling is being done at PHU	Provide laboratory equipment and technician	MOHS/NGO	Soon
Service providers do not respect clients opinion	Initiate regular meetings between service providers and clients. Train staff (MCHA's) on human relations	Health Committee MOHS/ NGO	Soon Soon

Plan of Action		Location: Musaia	
Participants: Musaia Community Health Club members			
Problem / Cause	Recommendation	By Whom?	When?
Guide 7: Right to Continuity of Care			
Immunization visits are not combined with reproductive health visits.	Allow one client visit to receive both immunization & reproductive services	Nurse / Dispenser	Soon
Men and other family members are not involved in caring for child/pregnant women	Men and other family members should be directly involved in caring for children and pregnant women	Health Committee CHC members	Soon
There is no good communication system between the PHU clinics and other health facilities because of poor road network and lack of transportation	Improve maintenance of roads. Provide for transportation	VDC/NGO/ MOHS	Soon
Pregnant women to not make follow up visits to clinic	Encourage pregnant women to make regular visits	CHC Nurse, Dispenser	Soon
PHU's lack access to laboratory facilities	Provide laboratory technician and materials	MOHS, NGO's	Soon
Follow-up visits are not made for clients that do not bring their children for vaccination, weighing, or malnutrition	Follow up visits should be ensured by creating Community By-Laws by the VDC	VDC MOHS / NGO's	Soon
Lack of good communication and collaboration between the PHU and community since departure of MSF	More health workers (from other NGO programs) are needed to refer and provide collaborative care.	VDC, MOHS, NGO's	Soon
Community members are not active in ensuring linkages between community and PHU	The Community Health Committee should be oriented on their roles and responsibilities. (Musaia has both a VDC & a CHC)	MOHS / NGO's	Soon
Clear information is not given to clients	Service providers should give clear information to clients. The Community Health Committee should have regular meetings.	Nurse Dispenser, Cmty Health Committee	Soon
Care-givers are not told to seek medical attention when their child is sick	Regular home visits by the service providers (MCHA) to encourage clients to report to the hospital when their child is sick	Nurse Dispenser CHC	Soon
Service providers should be patient with clients when giving them information	Encourage MCHA's to be patient	Nurse CHC, Clients	Soon
Positive Issues:			
• Care-givers are reminded of the next vaccination date and they are taught how to take care of their sick child.			
• Care-givers are taught how to give ORT			
• Clients are given follow up dates			

Plan of Action			
Location: Gbinai			
Participants: Gbinai Community Health Club members			
Problem / Cause	Recommendation	By Whom?	When?
Guide 2: Right to Access to Services			
Vulnerable clients are not treated for free	If there is unity, the community will contribute for the vulnerable clients Drug costs should be reduced by the in charges	Community Teacher	Immediately
Lost cards are requested or the client must pay for a new card	PHU staff should plead to the In Charge in Kabala to reduce the cost of the clinic cards	VDC Chairperson	By 13/May/05
Referral mechanism in place	Provide a communication system at the PHU or in the community by providing VHF radios or hammock (stretchers)	PHU In Charge and VDC Executive	By 13/May/05
Guide 5: Right to Privacy, Confidentiality & Expression of Opinion			
Guide 7: Right to Continuity of Care			
No information on follow up for school children by the PHU staff after treatment	To meet the head teacher so that they will talk about it to Mr. Saccoh, PHU In Charge	Health teacher	13/May/05
There are not enough staff at the PHU	Post more trained staff to Gbindi Health Post	EDC Unid Assistant (In Charge of PHU Gbindi) & DMO	13/May/05

ANNEX C:
Action Plans from Guided Discussion with Primary Health Unit Staff

Plan of Action		Location: Senekedugu	
Participants: MCH Aides from Senekedugu and from Heremakono PHU's			
Problem / Cause	Recommendation	By Whom?	When?
Guide 1: Right of Information			
PHU support staff are not working effectively because they are not paid by the government	Support staff should be given a monthly incentive by government and be sensitized to work for the benefit of their communities	DMO	Within one month
There is no specific place for a pediatric ward	Ask NGO's for the construction of Pediatric wards at the PHU level	DMO & DOO	Soon
There are no educational materials for STI's nor HIV/AIDS. Materials could be used to engage mothers while waiting to be seen in the MCH clinic	<ul style="list-style-type: none">• Conduct a workshop to train community members re: HIV/AIDS• Supply PHU with educational materials on HIV/AIDS	Nurses In Charge	Very Soon
No materials on family planning because they are not available at the District Hospital source of supplies	Find out who is the HIV/AIDS focal person and contact him/her for supplies	District Health Sister	Very Soon
There are no materials or facilities for HIV/AIDS screening at the PHU level	Provide lab facilities at PHU level and increase awareness of the importance of VCT for HIV	HIV/AIDS Counselor	After the assessment
No window screening to prevent mosquito bites at the PHU	Community members to be advised/sensitized to brush around their compounds	PHU-In charge	Soon
Under other illnesses, the problem of food taboos	Strengthen Health Education on Nutrition	PHU-In charge	Soon
Guide 2: Right to Access To Services			
There is no EPI Cold Chain System at Senekedugu and Heremakono PHU's. Some other PHU's have damaged or faulty cold chain systems	Supply solar refrigerators to PHU's and repair the faulty ones.	DOO	Very soon
No referral system in place for emergencies. This is a result of lack of logistics. There is not communication between the district facility and the PHU's	Establish effective communication network between PHU's and the district hospital (VHF radios). Use the ambulance or other vehicles that are available at the district hospital	DMO	Before December 2005
No taxis or cars are available in the community for use by a referral mechanism that needs 24-hour access.	Make manual means of mobility, like hammocks, available at the PHU's	VDC chair, Secretary & Advisor	Immediate

Other Issues at the PHU: Poor Clinic Attendance <ul style="list-style-type: none"> • Poor attitude toward clients of the MCH Aides 	<ul style="list-style-type: none"> • Encourage staff by giving them incentives to sensitize the communities to attend the clinic. 	DMO PHU In-Charge	Soon
	<ul style="list-style-type: none"> • Provide a workshop on BCC to Nurses and MCH Aides. 	VDCs & PHU In-Charge	Soon
	<ul style="list-style-type: none"> • Hold meetings at the community level to discuss reasons for poor attendance and find ways to bridge the gaps. 	DMO, PHU In-Charge	Soon
	<ul style="list-style-type: none"> • Clients should be given incentives at the centre such as ITN's, food, or bangos • Review current cost recovery drug prices 	DHS	Soon
<ul style="list-style-type: none"> • High cost of drugs at PHU 			

Plan of Action Location: Musaia Participants: Musaia MCH Aides			
Problem / Cause	Recommendation	By Whom?	When?
Guide 4: Right to Safe and Effective Care			
<ul style="list-style-type: none"> • No handbooks as guidelines for infection prevention. 	Provide handbooks as guidelines	DMO, NGO	Soon
<ul style="list-style-type: none"> • Walls too smooth to attach posters. 	Provide Information Boards	NGO	Soon
No supply of soap at PHU; Hand washing facility only in dressing room	Provide a monthly supply of soap and additional handwash facility	NGO	Soon
No Laboratory or test for anemia	Provide lab or test	DMO / NGO	Soon
No advice given on use of iodized salt	Sensitization on use of iodized salt; Provide iodized salt so that its available in clinic	NGO's	Soon
Guide 4: Right to Safe and Effective Care (Continued)			
STI's: Little supply of essential drugs for treatment of STI's. <ul style="list-style-type: none"> • Staff do not buy much of these drugs from the Gov't hospital because people will not buy them at the PHU because of their high cost. • People are at times ashamed to come for treatment. 	Reduce cost of STI drugs and encourage PHU's to carry a greater supply	DMO / NGO	V. Soon
Beds: There are not enough beds for the number of delivery admissions. <ul style="list-style-type: none"> • Some beds do not have mattresses. • All baby cots are without mattresses. • There is no structure or equipment for delivering babies in Yerraya. 	Provide adequate beds and mattresses. Construct a PHU in Yerraya. Supply it with an adequate delivery equipment kit.	NGO (CRS, CCF, NaCSA)	Soon
No thermometers in PHU's	Provide thermometers	DHS	Soon

No transportation	Provide transportation for emergencies: NGO vehicles could regularly check at PHU's	DMO/DH S/NGO's	Sometime this year
Clinics are not equipped to deal with Neonatal Emergencies, i.e. asphyxia, hypothermia. No oxygen	Provide oxygen at PHU clinic	DMO/NGO	Soon
No facilities for warming premature babies.	Provide incubator	DMO/NGO	Soon
Not sufficient eye ointment (ophthalmic antibiotic) to treat infected babies.	Provide sufficient supplies	DMO	Soon
Some parents do not get food for malnourished children	Provide therapeutic feeding for malnourished children.	NGO	Soon
No policy or guidelines for de-worming and iron supplementation at PHU's	Make available policy or guidelines for de-worming and iron supplementation	DMO	Soon
PHU Structural damages: <ul style="list-style-type: none"> • Windows & doors without locks • Signboard is worn out; Window curtains worn out; Not sufficient benches/chairs for clients 	Repair windows and doors and provide with locks Provide new signboard for PHU Provide window curtains Provide adequate benches/chairs	DMO/NGO's	Soon
Guide 5: Right to Privacy			
No facility for HIV counseling and testing services	Train PHU staff in confidential counseling & testing. Provide testing facilities	DMO, DHS & NAS	This year
No special cupboard for storing records. Records are currently stored with drugs.	Provide separate cupboards for records and drugs	DMO	Soon

Plan of Action Location: Sinilunia			
Participants: One MCHA and one EDC Unit Assistant			
Problem / Cause	Recommendation	By Whom?	When?
Guide 7: Right to Continuity of Care			
No follow-up programme for HIV mothers & fathers; No testing for HIV at PHU level; Nothing on HIV/AIDS because it is all kept secret	Provide lab facility at PHU level for VCT HIV. Counselors should communicate with PHU In-Charges about cases	DMO HIV/AIDS Counselors	Soon
Salaries of PHU staff are too small	Increase salaries of PHU staff	DMO to MOHS	Soon
Guide 8: Staff Need for Good Management and Facilitative Supervision			
Some supervisors are not supportive to their PHU staff, especially in areas like Gbindi PHU. The In-Charges are responsible to collect logistics such as vaccine at the Kabala hospital and take it to their operational areas	Provide transportation	DMO	Soon

Solar refrigerators are not working	Repair or replace solar refrigerators to maintain cold chain	DMO	Very soon
Child mortality meetings are not held regularly because the community at large does not attend them	Child mortality meetings to be called with all stakeholders, and make sure they know when to attend the meetings	PHU In-Charges	Soon
No referral mechanism in place	Either provide transportation at the PHU level or provide a communication system via VHF radio so they can contact the Kabala hospital for referral	DMO	Immediately

Plan of Action (Guide 10: Staff Need for Supplies, Equipment & Infrastructure)			
Location: Heremakono			
Participants: MCH Aide at Heremakono PHU			
Problem / Cause	Recommendation	By Whom?	When?
Essential drugs are not available as required by center	<ul style="list-style-type: none"> • Make sure sufficient drugs are always available at the district center, especially essential drugs. • Decrease cost of drugs 	DMO DHMT NGO's	Soon
There is no way the PHU can get re-supplied quickly	NGO's should work closely with MOHS to provide streams of communication and transportation	NGO DHMT	Soon
Insufficient IEC materials at the PHU	Make more IEC materials available at the PHU Especially more on HIV/AIDS and STI's	SMO NGO's & DHS	Soon
Some of the PHU equipment is not in good working order & PHU staff do not know how to repair it	Replace necessary equipment and provide standby cash for ongoing minor maintenance	DMO DHTM / NGO's	Soon
The working environment is not comfortably secured or well equipped	The VDC should assist the centre by erecting a temporary fence. Centres should be well equipped with essential drugs	VDC DHMT NGO's	Soon
Essential supplies are completely missing at PHU: Buckets & bowls of 10% Centrimide disinfectant solution.	Make these supplies available to the PHU's	DHS NGO's	Soon
Heavy duty gloves are not available at the PHU's for handling contaminated materials	Make heavy duty gloves available to the PHU's	DHS	Soon
PHU's do not have their own burning pit	PHU supervisor asks community members to assist in digging a burning pit at each PHU for waste materials	PHU supervisor in charge VDC	Soon

Rigid containers are not available at the PHU for disposal of "Sharps"	Make "Sharps" disposal containers available to the PHU's	DHMT NGO's	Soon
Vaccine cold chain difficult to maintain	Provide additional equipment to maintain cold chain in the centre and catchment areas	DMO/DOO/ NGO's	Soon
PHU Cold Chain vaccine monitoring form not available	Make vaccine monitoring form available at the PHU	DMO/DOO/ NGO's	Soon
No system in place to assess the cold chain and the vaccines supplied to the PHU	Refrigerators be made available and a system put in place to regularly assess the status of the cold chain	DMO/DOO NGO's	Soon
No materials to record vaccine temperatures available	Make available materials to record vaccine temperature	DMO/DOO NGO's	Soon
Essential drug list for PHU is not up to date	All PHU-level drugs should be available at PHU	DMO/DHS/ NGO's	Soon
PHU essential drug list is not displayed at PHU	Produce and display the Essential Drug List at PHU. Assure that all drugs on list are in fact available.	DMO Storekeeper/ DHSI	Soon
Essential drugs on the PHU list are not available	Assure that all essential drugs on the list are available in the PHU	DMO Storekeeper DHSI	Soon

Plan of Action (Guide 10: Staff Need for Supplies, Equipment & Infrastructure)			
Location: Senekedugu			
Participants: MCH Aide at Senekadugu PHU			
Problem / Cause	Recommendation	By Whom?	When?
Chloroquine not available at PHU	Provide recommended supply	DMO/DHS/ NGO's	Soon
Insufficient supply of exam gloves at PHU	Provide recommended supply	DMO/DHS/ NGO's	Soon
Insufficient supply of needles at PHU	Provide recommended supply	DMO/DHS/ NGO's	Soon
Insufficient supply of antibiotics at PHU	Provide recommended supply	DMO/DHS/ NGO's	Soon
Not all IEC materials available at PHU	Provide all IEC materials	DSMC Health Educatn Unit	Soon
Some PHU equipment is broken (e.g. BP Cuff and MCHA does not know how to have it repaired)	Provide new ones	DMO/DHS/ NGO's	Soon
PHU does not have bowls or zinc bucket nor chlorine/cintrimide disinfectant available	Provide recommended supply	DMO/DHS/ NGO's	Soon

No heavy-duty gloves at PHU for disposing of med. waist	Provide recommended heavy duty gloves for PHU	DMO/DHS/ NGO's	Soon
No water well available at PHU clinic	Provide recommended supply	DMO/DHS/ NGO's	Soon
Not enough thermometers at PHU	Provide recommended supply	DMO/DHS/ NGO's	Soon
Timer not available at PHU for ARI	Provide recommended supply	DMO/DHS/ NGO's	Soon
IEC Vaccination Schedule Wall Chart not available at PHU Childhood Illness Wall Chart not available at PHU	Provide recommended supply	Health Education Unit through the DSMC	Soon
Cold Chain Refrigerator not working at PHU MCHA's must collect vaccines from district cold room	Repair solar refrigerator at PHU	DMO, EPI programme, NGO's	Soon
Essential Drugs Essential Drug List not posted at the PHU Nor are all the essential drugs available at PHU Qualitative assessment of PHU drug supply not available Antibiotics: only adult strength cotrimoxizole and erythromycin are available. (Nothing else) Antimalarials: injectable quinine not available Antipyretics: paracetamol expired in 2004 Rehydration: no IV fluids available Poisoning: Ipicac syrup and charcoal are unavailable	Provide recommended supply	DMO/DHS/ NGO's	Soon
No nurse's quarters at PHU	Consider building nurses quarters where other options are unavailable	DMO/DHS/ NGO's	Soon

<u>Plan of Action (Guide 10: Staff Need for Supplies, Equipment & Infrastructure)</u>			
<u>Location: Yagala</u>			
<u>Participants: MCH Aide at Yagala PHU: Yangie Koroma</u>			
Problem / Cause	Recommendation	By Whom?	When?
I have many drugs that are expiring. I keep track of them	They should involve me in identifying and replacing expired drugs in our PHU stock	MOHS	Soon
Inadequate report forms: I keep inventory and do periodic stock taking for my monthly report. I need	Supply inventory forms and record books	MOHS	Soon

more inventory forms and books to keep records			
There is no system to quickly obtain supplies. I have to walk by foot from the post to the district office to get my PHU supply.	Provide regular transportation of supplies to the PHU	MOHS	Soon
Incomplete IEC materials at PHU. I have some posters on our walls but I would like all of the recommended set	Provide all IEC materials	MOHS/NGO	Soon
Our PHU's BP Cuff and stethoscope are in good condition, but our thermometers are all broken	Replace all broken equipment immediately	MOHS	Soon
I am using a house (dwelling) as a Community Health Post so it is not comfortable or secure	Construct a proper PHU at this location	MOHS Contractor	Soon
PHU does not have the recommended bowls or zinc bucket nor do we have bleach disinfectant available for decontamination	Provide the recommended disinfectant supplies	MOHS/NGO	Soon
PHU does not have recommended heavy duty gloves	Provide the supply of heavy duty gloves for proper disposal of refuse	MOHS/NGO	Soon
PHU does not have burning pit or incinerator to dispose of expired drugs and other contaminated medical waste	Construct a burning pit or incinerator	MOHS NGO	Soon
I have a safety box for needles but need more	Provide more safety boxes for sharps disposal	MOHS	Soon
Our PHU Cold Chain is not maintained at the moment because it is out of gas	Provide gas regularly for the PHU EPI refrigerator	MOHS/NGO	Soon
I have requested but not received a book to monitor our vaccine supply	The book should be made available at all times	MOHS	Soon
Presently our PHU does not have its Cold Chain so I have to walk to Kabala to obtain our supply of vaccine	Supply gas for our PHU refrigerator and supply us with our recommended vaccines	MOHS	
The Essential Drug Price list is not displayed	<i>I will mount and display the Essential Drug Price List</i>	Nurse	Soon
I don't have a qualitative assessment of our drug supply	<i>I should be oriented as to how to go about it</i>	MOHS/NGO	Soon
<i>Positive Quotes: Our essential drugs are up to date and the list is displayed</i>			

Action Plans from District Health Level Guided Discussions

Conducted with staff from Kabala District Hospital

<u>Plan of Action (Guide 4: Right to Safe and Effective Care)</u>			
<u>Location: Kabala District Hospital (5 staff)</u>			
Problem / Cause	Recommendation	By Whom?	When?
Disease Control: No disinfectant available in the whole district hospital.	Contact UNICEF and WHO	Dist. Medical Officer (DMO)	Soon
Referral system: Inadequate referrals from PHU because Clients underutilize district ambulance because they must reimburse the cost of fuel.	Contact World Bank, UNICEF, Government and WHO	DMO & District Health Sister	At end of COPE analysis
Facilities: Difficulty coping with Neonatal Emergencies because no existing facilities or equipment available to deal with neonatal emergencies.	Construct and equip a pediatric ward at Dist. Hospital	DHMT, Dist. Council, Dist. Health Board, Paramount Chiefs	At end of COPE analysis
Staffing: The District hospital currently is without a Medical Officer, which forces the District Medical Officer (on the Public Health Side) to fulfill both roles including that of the only doctor for the hospital.	Request government to post two additional medical officers as called for in the Sierra Leone Primary Health Care district standards.	Dist Health Board in collaboration with DHMT	At end of COPE analysis
Training: Staff have not had refresher training in over two years at the DHMT level	Provide refresher training		
Health Information System: Few statistics are kept at district level.	Strengthen the health information system		
Positive Issues: <ul style="list-style-type: none"> • Written infection prevention guidelines are available to PHU's • Hand washing facilities are available and in use. • Disposal facilities are available, including safety boxes and an incinerator. • Staff know cord cleaning procedures • Women are highly encouraged to attend clinic, they are checked for anemia, given routine medication, advice on the use of iodized salt, given 	<ul style="list-style-type: none"> • Trained staff can recognize signs of very sick young children and volunteers consult with trained staff for diagnosis • <i>Encourage volunteers to enroll for training.</i> • Staff are able to recognize signs of child abuse and refer to Family Support Unit (FSU) • Young children are checked for malnutrition and anemia, immunization status and if 		

<p>TT vaccination, screened for weight, and offered malaria prophylaxis and treatment, screened and treated for STI's</p> <ul style="list-style-type: none"> • Women are admitted for delivery are examined by trained staff • Babies who have eye infections are treated • There is a policy for promoting Exclusive Breastfeeding 	<p>needed, offered Vitamin A and Iron supplementation</p> <ul style="list-style-type: none"> • Staff is trained to manage children with cough or difficult breathing and diarrhea, bloody stool, dehydration and to explain the use of oral rehydration (SSS) and manage fever. • Staff can manage cases of accidental poisoning • The District follows the national policy of de-worming, including training school teachers and providing de-worming medication without cost. • Clients confidentiality is observed and protected • Records are strictly controlled • There is a private observation room for counseling • Mothers opinions are respected by staff 		
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<u>Plan of Action (Guide 1: Right to Information)</u>			
<u>Location: Kabala District Hospital (3 staff)</u>			
Problem / Cause	Recommendation	By Whom?	By When?
Not everybody knows the cost of services / Illiteracy and lack of sensitization	Sensitization to be increased Radio announcements	Health Workers / MOHS Social Mobilization Officer	3 months
Support staff do not know the key messages of ARI, Nutrition etc. / They are not well educated	Workshop for support staff	DMO / NGO's	Soon
Men do not know key nutrition messages / No nutritional education supplied for men as they do not attend the clinic sessions.	Radio sensitization programmes, encourage men to listen to health talks in clinics	MOHS / NGO's Social Mobilization Officer	Soon
Not all health posters are available / Have not been supplied	Make supplies available	Health Education Unit / SMO	2 months
Mothers refuse to come back for next	Increase sensitization	MOHS /	Soon

vaccination because of fever / Poor sensitization and advice (ignorance)	Radio discussion	NGO's SMO	
Positive Practice:			
All staff including support staff can advise on child health			

<u>Plan of Action (Guide 7: Right to Continuity of Care)</u>			
<u>Location: Kabala District Hospital (3 staff)</u>			
Problem / Cause	Recommendation	By Whom?	When?
Family Planning Men do not accept Family Planning IUD's not implemented / Trained staff not available	Sensitization on family planning for men. Radio discussion Provide trained staff	MOHS/NGO's Social Mobilization Officer MOHS / NGO's	Soon Soon
Male Participation Fathers not involved in Health talks / Fathers do not attend clinics with their children and wives	Encourage fathers to attend clinics and listen to health talks. Radio Discussion.	Clinic staff and NGO's, DSMCS	Soon
Maternal Child Health No home visits for high risk mothers / Not enough staff	<u>Provide trained personnel</u>	DMO / DHS	Soon
<u>HIV / AIDS</u> No program for HIV/AIDS patients / Programme has not been implemented in Koinadugu District	Make programme available in the district	DMO / NAS	Soon

<u>Plan of Action (Guide 8: Staff need for good management and facilitative supervision)</u>			
<u>Location: Kabala District Hospital (3 staff)</u>			
Problem / Cause	Recommendation	By Whom?	By When?
MCH No written policy for in-rooming Birth & Death Registers are not available in all chiefdoms. / "Birth & Death" Officer is not mobile	Develop written policy Provide mobility to district staff	MOHS / DMO MOHS / NGO's (DMO)	Soon Soon

ANNEX D

D1: Summary of Peripheral Health Unit Personnel

Date : May 2005

			Heremakono	Senekedugu	Yataya	Gbentu	Musaia	Hamdulai	Gbenekoro	Dankawali	Koinadugu II	Kondeya	Sokrali	Yerraya	Marah	Sinkunia	Gbindi
	Type of Staff	# Req	# Available														
	Technical Staff																
1	Community Health Officer (CHO)	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0
2	PH Inspector (Environmental Health Officer)	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0
3	Female Nurse (SECHN)	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0
4	EDC Unit Assistant	1	0	0	0	1	1	0		1	0	0	0	0	0	0	1
5	MCH Aide	1	2	1	2	1	1	1		0	1	1	1	1	1	1	1
6	Vaccinator	1	1	0	0	1	0	0		0	1	0	0	1	0	1	0
	Support Staff																
1	Porter	1	0	0	0	0	1	0		0	1	0	0	0	0	0	0
2	Labourer	1	0	0	1	0	1	0		0	1	1	0	0	0	0	0
3	Night Watchman	1	0	0	0	0	1	0		0	1	1	0	0	0	0	0
4	Day Security	0	0	0	0	0	1	0		0	0	0	0	0	0	0	0

D2: Functional Peripheral Health Units in the Child Survival Programme Operational Area

Chiefdom	Name of PHU	Type of PHU	PHU in Charge	Distance from Kabala - km
Wara Wara Yagala	Heremakono	Maternal Child Health Post	Rosaline Thoronka	11.2
	Senekedugu	Maternal Child Health Post	Mayata Jalloh	6.4
	Yataya	Maternal Child Health Post	Yangie Koroma	4.8
	MCH Static	Hospital	Jenefer Suma	0
Follosaba Dembelia	Gbentu	Community Health Post	Alimamy Conteh	51.2
	Musaia	Maternal Child Health Post	Kamson Kamara	20.8
	Hamdalai	Maternal Child Health Post	Aminata Kamara	35.2
Sengbeh	Gbenekoro	Maternal Child Health Post	Agnes Marah	11.2
	Dankawali	Community Health Post	J. L. Kargbo	28.8
	Koinadugu II	Maternal Child Health Post	Alimatu Thoronka	28.2
	Kondeya	Maternal Child Health Post	Elizabeth Kargbo	9.6
	Sokralla	Maternal Child Health Post	Finah Koroma	19.2
	Yerraya	Maternal Child Health Post	Sunkarie Jawara	
Dembelia Sinkunia	Marah	Maternal Child Health Post	Bomba Jawara	28.8
	Sinkunia	Community Health Centre	Jeneba Samurah	40
	Gbindi	Community Health Post	Mohammed Saccoh	49
Neini	Firawa	Community Health Post	Dolo Keita	52.8
	Alkalia	Maternal Child Health Post	Merra Marah	72
	Yiffin	Community Health Centre	Rebecca Koroma	86.4
	Fankoya	Maternal Child Health Post	Kumba Kamara	110.4
	Sumbaria	Maternal Child Health Post	Minatu Mansaray	140.8

D3: Summary of Essential Drugs Checklist

		Heremakoro	Serehedugu	Yataya	Ghentu	Musala	Hamdalai	Gbenekoro	Dankawali	Konaduguli	Kondeya	Sokral	Yeraya	Matsh	Sinkunia	Gind
Item #	Item															
Anaemia																
1	Ferrous Sulphate Tabs	0	1	1	0	0	0		0	1	0	1	1	0	0	0
2	Folic Acid Tabs	1	1	1	0	1	0		0	0	0	1	1	1	0	0
3	Fefol	1	1	1	0	1	1		0	1	1	1	1	1	1	1
Anti-Allergy																
1	Chlorphenamine Tabs	0	0	0	0	0	0		0	0	0	0	0	0	0	0
2	Promethazine	0	1	0	0	1	0		0	1	0	0	0	1	1	0
3	Steriods	0	0	0	0	0	0		0	0	0	0	0	0	0	0
4	(Predrolone)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
5	(Hydrocatizone)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
6	(Dexametazone)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Anti-convulsant/Sedatives																
1	Diazepam tabs	0	0	1	0	0	0		0	1	0	0	0	1	0	1
2	Diazepam inj.	0	0	0	0	0	0		0	0	0	0	0	0	0	1
3	Phenobarbitol tabs	0	0	0	0	0	0		0	0	0	0	0	0	0	0
4	Chlorpromazine tabs	0	0	0	0	0	0		0	0	0	0	0	0	0	0
5	Chlorpromazine inj.	0	0	0	0	0	0		0	0	0	0	0	0	0	0
6	Magnesium Sulphate	0	0	0	0	0	0		0	1	0	0	0	0	0	0
7	Paraledhyde Inj.	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Analgesic/anti-inflammatory																
1	Aspirin tabs	1	1	0	1	1	0		0	1	0	1	1	1	1	1
2	Paracetamol Tabs	1	1	1	1	1	0		0	1	0	1	1	1	1	1
3	Brufen	1	0	0	0	1	0		0	0	1	0	0	0	0	0
4	Tabs Novalgin	1	0	0	0	1	0		0	0	0	0	0	0	0	0
5	Novalgin inj.(Diclofemac)	0	0	0	0	1	0		0	0	0	0	0	0	0	0
6	(Tylenol, Ponstan)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Anti-Asthmatics																
1	Sulbutamol (franorl)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
2	Epinephrine (Adremet)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
3	Aminophylline inj. (Tabs)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Eye Preparation																
1	Tetracycline Ointment	1	1	0	1	0	0		0	1	0	1	0	1	1	0
2	Chloroampenicol	0	0	0	0	0	0		0	0	0	0	0	0	0	0
3	Penicilline	0	0	0	0	0	0		0	0	0	0	0	0	0	0

		Heremakono	Serebedugu	Yataya	Gbenlu	Mussa	Hamalai	Gbanoro	Dankawali	Koradugui	Kordaya	Sokral	Yataya	Mah	Sinkunia	Gbnd
Anti-infective Bacterials																
1	Tetracycline (caps)	0	1	0	0	1	0		0	0	1	0	0	0	0	0
2	Chloroamphenicol Tabs	0	0	0	0	0	0		0	0	0	0	0	1	0	0
3	Cotrimoxazole Syrup	0	0	0	0	0	0		0	0	0	0	0	0	1	0
4	Ampicillin Caps (Inj/Syrp)	1	0	0	0	0	1		0	0	0	0	0	1	0	0
5	Amoxicillin Syrp (Tab/Cap/Inj)	1	0		0	1	0		0	0	0	0	0	1	0	0
6	Ampicillin Syrup	0	0	0	0	0	0		0	0	0	0	0	0	0	0
7	Benzyl Penicillin Inj.	0	0	1	0	0	0		0	1	0	1	1	0	0	1
8	Procaine Penicillin	1	0	1	0	1	1		0	1	1	0	1	1	1	0
9	Benzathion Benzyl Peni Inj	0	0	0	0	0	0		0	0	0	0	0	0	0	0
10	Streptomycin (Inj.)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
11	Ciproflax/Ampiclox Cap/Inj	0	0	0	0	0	0		0	0	0	0	0	0	0	0
12			0						0	0	0		0			0
Gastric																
1	Metronidazole tabs	1	1	1	1	1	0		1	1	0	1	0	1	0	1
2	Mebendazole tabs	1	1	1	0	1	0		0	0	1	1	1	1	1	1
3	Ivermectin	1	1	1	0	0	0		0	1	0	1	0	1	0	0
4	Albendazole	0	1	1	0	1	0		0	0	0	0	1	0	1	0
5	Praziquantel	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Anti-Malarial																
1	Chloroquine Tabs	1	1	1	1	1	0		1	1	1	1	1	1	1	1
2	Fansidar	0	1	1	1	1	0		1	1	1	1	1	0	1	0
3	Quinine Tabs	0	1	1	0	1	0		0	1	0	1	1	0	1	0
4	Quinine Injection	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Anti-TB																
1	Isoniazid-Thiacetazid	0	0	0	0	0	0		0	0	0	0	0	0	0	1
2	Streptomycin injection	0	0	0	0	0	0		0	0	0	0	0	0	0	0
3	Ethambutol	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Obstetrics																
1	Ergometrine Tabs	0	1	1	0	0	0		0	1	0	1	1	0	1	0
2	Ergometrine Inj.	0	0	0	0	0	1		0	0	0	0	0	0	0	0
3	Vitamin K.	0	0	0	0	0	0		0	0	0	0	0	0	0	1
Anaesthetics																
1	Lidocaine	1	0	0	1	1	0		1	1	0	0	0	1	1	1

		Heremakoro	Serekedugu	Yataya	Gbentu	Musala	Hamtalai	Gbenkoro	Dankawali	Korabugui	Kondaya	Sokrali	Yeraya	Mazh	Sinkunla	Gind
Gastro-intestinal																
1	Oral Rehydration Salt	1	1	1	1	1	0		0	1	0	0	1	1	1	0
2	Aluminium(Aantacina)	0	0	0	1	0	0		0	1	0	1	0	0	0	0
3	Hydroxide tabs (Gelucid	0	0	0	0	1	0		0	1	0	0	0	1	0	0
	Targamet, Ramlidine etc)	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Contraceptives																
1	Microgyno(Eugynon, Microlut)	0	0	0	0	0	0		0	0	0	0	0	0	1	0
2	Condoms(Nordette, Depo)	1	0	0	1	1	1		1	0	0	0	0	0	1	0
3	Foaming tabs	0	0	0	0	0	0		0	0	0	0	0	0	0	0
Skin Conditions																
1	Benzoic Acid	0	0	0	1	0	0		0	1	0	0	0	1		1
2	Benzyl Benzoate Ointment	0	1	0	1	1	0		0	1	1	1	1	1	0	1
	(Zinc Oxide, Cotrimazole cream)	0	0	0	1	0	0		0	1	0	1	0	0	0	0
I.V. Fluids																
1	Ringers Lactate	1	0	1	0	0	0		0	0	0	0	0	0	1	1
2	Normal Saline	0	0	0	0	0	0		0	0	0	0	0	0	1	0
3	5% Dextrose Saline (Haemacel)	0	0	0	0	0	0		0	0	0	0	0	0	1	0
Disinfectant																
1	Calamine Solution	0	1	0	0	1	0		0	1	1	1	0	1	1	1
2	Gentian Violet	0	1	1	1	1	0		1	1	0	1	0	1	1	1
3	Iodine Solution	0	1	0	1	0	0		0	1	0	0	0	1	0	1
4	Chlorexidine Solution	1	1	0	1	0	0		0	1	0	0	0	0	0	1

D4: Summary of Equipment Supplies at PHUs

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			Herenakono		Serekechugu		Yabaga		Gberu		Musia		Hembaji		Gbenekoro		Dankawal		Kichabugu II		Kondaya		Sokalla		Yemaya		Mash		Shikuna		Gindi					
	Item	# Req	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl				
Clinical																																				
1	Kerosine Stove	1	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
2	Fish Kettle Sterilizer	2	0	0	0	0	0	0	0	0	1	Y	0	0			1	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3	Dressing Trolley or Tray	3	0	0	0	0	0	0	0	0	1	Y	0	0			0	0	1	Y	1	Y	1	Y	0	0	0	0	1	Y	1	Y	1	Y		
4	Screen Frames	6	0	0	0	0	0	0	0	0	2	Y	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Y		
5	Galvanized bucket and Lid	4	0	0	0	0	1	Y	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6	Enamel Bucket and Lid	6	0	0	0	0	0	0	0	0	1	Y	0	0			0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
7	Thermometers (6 oral and 6 rectal)	12	3	Y	1	Y	0	0	0	0	0	0	0	0			1	Y	2	Y	2	Y	2	Y	1	Y	2	Y	2	Y	3	Y	3	Y		
8	Cups	12	0	0	2	Y	2	Y	0	0	1	Y	0	0			1	Y	0	0	2	Y	3	Y	0	0	0	0	2	Y	2	Y	2	Y		
9	Teaspoons	12	0	0	1	Y	1	Y	0	0	0	0	0	0			0	0	0	0	0	0	1	Y	0	0	0	0	1	0	3	Y	3	Y		
10	Medicine measures 1 oz	6	6	Y	0	0	0	0	0	0	0	0	0	0			0	0	1	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11	Galli pots	6	1	Y	0	0	0	0	1	Y	1	Y	0	0			1	Y	1	Y	0	0	0	0	0	0	0	0	0	0	0	0	1	Y		
12	Kidney dishes	6	2	Y	3	Y	0	0	1	Y	1	Y	0	0			1	Y	1	Y	1	Y	2	Y	1	Y	0	0	3	Y	2	Y	2	Y		
13	Bowls	6	1	Y	0	0	0	0	0	0	Y	Y	0	0			1	Y	1	Y	1	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Syringes 2ml and 5ml (Disp)		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
15	Tuberculine Syringes (Disp)		Y	Y	0	0	Y	Y	Y	Y	Y	Y	Y	Y			0	0	0	0	Y	Y	0	0	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
16	(Disp)		0	0	0	0	Y	Y	Y	Y	Y	Y	Y	Y			0	0	0	0	0	0	0	0	Y	Y	Y	Y	Y	Y	0	0	0	0	0	
17	Hypodermic Needles 1+1/2 inch(Disp)		0	0	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			0	0	0	0	0	0	0	0	Y	Y	Y	Y	Y	Y	0	0	Y	Y	Y	
18	Ear Syringes	1	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	Ear wash	1	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	Auroscope	1	0	0	0	0	0	0	0	0	0	0	0	0			0	0	1	Y	0	0	0	0	0	0	0	0	0	0	0	0	1	Y	1	Y
21	Stethoscope	4	1	Y	1	Y	2	Y	1	0	1	Y	0	0			2	Y	1	Y	1	Y	1	Y	0	0	1	Y	1	Y	1	Y	2	Y	2	Y
22	Sphygmomanometer	4	1	Y	1	0	1	Y	1	0	1	Y	0	0			0	0	1	Y	1	Y	1	Y	0	0	1	Y	1	Y	1	Y	2	Y	2	Y
23	Microscope and Accessories	2	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Adult Scales	3	1	Y	1	Y	2	Y	1	Y	1	Y	1	Y			1	Y	1	Y	1	Y	1	0	1	Y	1	Y	1	Y	1	Y	1	Y	1	Y
25	Cheatle forceps and container	4	0	0	2	Y	2	Y	0	0	0	0	0	0			2	Y	1	Y	2	Y	0	0	0	0	0	0	0	0	0	0	4	Y	4	Y
26	Drip Stands	6	1	Y	1	Y	0	0	0	0	1	Y	0	0			1	Y	1	Y	0	0	1	Y	0	0	1	Y	0	0	0	0	0	0	0	0

D4: Summary of Equipment Supplies at PHUs

[illegible]

D4: Summary of Equipment Supplies at PHUs

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			Hemakoro		Senekelebu		Yabaja		Gbanu		Musala		Hamdaji		Gberekoro		Dankawaji		Koradugu II		Korobaya		Sokralia		Yeraya		Mazh		Shikuna		Gbnd	
	Item	# Req	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl
Surgical and Dressings																																
1	Straight Scissors	4	1	Y	1	Y	2	Y	0	0	1	Y	0	0			2	Y	1	Y	2	Y	1	Y	1	Y	1	Y	0	0	2	Y
2	Bandage (Disp)		0	0	6	Y	0	0	Y	Y	0	0	Y	Y			0	0	Y	Y	0	0	5	Y	Y	Y	Y	Y	0	0	Y	Y
3	Gauze (Disp)		0	0	Y	Y	1	Y	Y	Y	0	0	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	Cotton wool (Disp)		1	Y	Y	Y	1	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	0	0	Y	Y	0	0	Y	Y	Y	Y	Y	Y
5	Surgical Tape (Disp)		1	Y	Y	Y	0	0	Y	Y	Y	Y	Y	Y			0	0	0	0	0	0	Y	Y	0	0	Y	Y	Y	Y	Y	Y
6	Surgical Spirit (Disp)		1	Y	Y	Y	0	0	0	0	0	0	0	0			0	0	Y	Y	0	0	Y	Y	0	0	0	0	0	0	4	Y
7	Artery Forceps	6	1	Y	2	Y	0	0	1	Y	2	Y	0	0			1	Y	1	Y	4	Y	0	0	0	0	1	Y	1	Y	2	Y
8	Dressing Forceps	6	0	0	0	0	0	0	0	0	2	Y	0	0			1	Y	2	Y	1	Y	1	Y	0	0	0	0	2	Y	0	0
9	Mosquito Forceps	6	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Scalpel handle No. 55 (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			1	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Scalpel blades (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Towel Clips	6	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	Y
13	Tissue Forceps	6	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Y
14	Surgical Scissors 6" Curved	4	0	0	0	0	0	0	1	Y	0	0	0	0			0	0	1	Y	0	0	0	0	0	0	0	0	0	0	1	Y
15	Surgicla Scissors Straight	4	1	Y	0	0	0	0	1	Y	0	0	0	0			2	Y	3	Y	0	0	1	Y	0	0	0	0	0	0	2	Y
16	Bandage Scissors	2	0	0	0	0	0	0	0	0	0	0	1	Y			0	0	1	Y	0	0	0	0	0	0	1	Y	0	0	0	0
17	Cutting Needles 1/2 circle (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			Y	Y	0	0	0	0	0	0	0	0	0	0	0	0	Y	Y
18	Straight Needles (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	20	Y	0	0	Y	Y	Y	Y	0	0	0	0
19	Cutting Edge (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	Y	Y	0	0	0	0	
20	Probe	2	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	1	Y	0	0	0	0	0	0	0	0	0	0
21	Trocar and Canula Set (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	3	Y	0	0	0	0	0	0	0	0	1	Y
22	Needle holder (suturing)	3	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	1	Y	0	0	0	0	0	0	0	0	1	Y
23	Dressing Drums	4	0	0	0	0	0	0	0	0	1	Y	0	0			1	Y	1	Y	0	0	1	Y	0	0	0	0	1	Y	0	0
24	Assorted Sutures (Disp)		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	3	Y	0	0	0	0	0	0	0	0	0	0
25	Dental forceps (set)	1	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Urethral Catheters (Mixed) Disp		2	Y	0	0	0	0	0	0	1	Y	0	0			2	Y	0	0	0	0	0	0	0	0	1	Y	0	0	0	0

D4: Summary of Equipment Supplies at PHUs

			Haramakoro		Serekedugu		Yabaja		Gbenu		Mussaia		Hambai		Gbanekoro		Danlawal		Kohadugu II		Kordaya		Sokalla		Yanaja		Mash		Sikuna		Ghinda		
	Item	# Req	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	# Av	# Av & Fnl	
Maternal and Child Health																																	
1	Bed	1	7	Y	1	Y	1	Y	1	Y	4	1	0	0			2	Y	1	Y	0	0	2	Y	0	0	1	Y	1	Y	1	Y	
	Neonatal Cot or Cossinets Bed																																
2	Pan	1	1	Y	0	0	0	0	0	0	1	Y	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Y
3	Clamps	4	2	Y	2	Y	2	Y	0	0	2	Y	0	0			0	0	1	Y	0	0	2	Y	0	0	2	Y	2	Y	1	Y	
4	Delivery Scissors	2	1	Y	1	Y	2	Y	0	0	1	Y	0	0			2	Y	2	Y	2	Y	1	Y	0	0	1	Y	1	Y	0	0	
5	Fetal Stethoscope	1	1	Y	1	Y	2	Y	1	Y	2	Y	0	0			1	Y	1	Y	1	Y	1	Y	0	0	1	Y	1	Y	2	Y	
6	Gloves (Sizes 6+1/2, 7 and 8)		0	0	Y	Y	Y	Y	0	0	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
7	Scale (Beam balance)	1	1	Y	1	Y	2	Y	1	Y	1	Y	1	Y			1	Y	1	Y	1	Y	1	0	1	Y	1	0	0	0	1	Y	
8	Circumference Measuring bands	4	1	Y	0	0	2	Y	0	0	0	0	0	0			1	Y	1	Y	0	0	2	Y	1	Y	1	Y	1	Y	1	Y	
	Light Apparatus (Hurricane Lamp)	1	0	0	1	Y	1	Y	0	0	1	Y	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Y	
9	Ask if there is any additional Equipment																																
11	Solar Refrigirator		0	0	1	0	0	0	0	Y	Y	0	0			0	0	0	0	0	0	1	Y	0	0	1	0	1	0	1	0		
12	Vaccine Carrier		0	0	0	0	0	0	0	0	1	Y	0	0			0	0	0	0	0	0	1	Y	0	0	1	Y	1	Y	5	Y	
13	Tables		0	0	3	Y	0	0	Y	Y	3	Y	0	0			0	0	0	0	0	0	5	Y	0	0	0	0	0	0	Y	Y	
14	Chairs		0	0	10	Y	0	0	Y	Y	6	Y	0	0			0	0	0	0	0	0	9	Y	0	0	0	0	0	0	Y	Y	
15	Couch		0	0	0	0	0	0	0	0	2	Y	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	Y	
16	Delivery Bed		0	0	1	Y	0	0	0	0	1	Y	0	0			0	0	0	0	0	0	1	Y	0	0	0	0	1	Y	0	0	
17	Salter scale		1	Y	1	Y	0	0	1	1	1	Y	0	0			0	0	0	0	0	0	1	Y	0	0	1	Y	1	Y	1	Y	
18	Height board		1	Y	1	Y	0	0	1	1	1	Y	0	0			0	0	0	0	0	0	1	Y	0	0	1	Y	1	Y	1	Y	
19	Matresses		0	0	0	0	0	0	1	1	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20																																	
21																																	
22																																	
23																																	
Stationery and Records																																	
1	(Counter) Book	2	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	2	Y	0	0	0	0	0	0	0	0	0	0	0	
2	Registers	2	2	Y	2	Y	4	Y	2	Y	4	Y	2	Y			2	Y	2	Y	3	Y	2	Y	1	Y	4	Y	3	Y	1	Y	
3	Exercise books	2	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	2	Y	0	0	0	0	0	0	0	0	0	0	0	
4	Confidence Files	4	Y	Y	Y	Y	0	0	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	2	Y	Y	Y	1	Y	2	Y	2	Y	3	Y	
5	Records, Forms and Tally sheets		Y	Y	Y	Y	2	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	0	0	Y	Y	Y	Y	Y	Y	
6	Note Books	12	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	2	Y	0	0	0	0	0	0	0	0	0	0	